Important patient instructions

Take your drug exactly as prescribed (once or twice daily). No drug is no protection!

Never stop your medicine without consulting your physician.

Never add any other medication without consulting your physician, not even short-term painkillers that you can get without prescription.

Alert your dentist, surgeon or other physician before an intervention.

Concomitant medication

Name:	Dose:

Emergency information

Standard tests do not quantitatively reflect level of anticoagulation!

Name & telephone of patient relative to contact:

Atrial Fibrillation Oral Anticoagulation Card

for non-vitamin K antagonist anticoagulants (NOACs)

Patient name:	DOB:
Patient address:	
Oral anticoagulant, dosing, timing, with or without food:	
Treatment indication and start date:	
Concomitant antiplatelet(s): type, indication, start & stop dates:	
Name and address of physician, coordinating NOAC treatment:	
Telephone number of coordinating physician or clinic:	





More info: www.NOACforAF.eu www.noacforaf.eu

Planned or unplanned visits

Date (or date range):	Site (GP; clinic; cardiologist; pharmacist;):	To do / findings:

Recommended follow-up

(see EHRA at www.NOACforAF.eu for information & practical advice)

Check each visit: 1. Adherence (pt. should bring remaining meds)?

- 2. Thrombo-embolic events?
- 3. Bleeding events?
- 4. Other side effects?
- 5. Co-medications and over-the-counter drugs.

- Blood sampling: . monitoring of anticoagulation level is not required!
 - · yearly: Hb, renal and liver function
 - · if >75-80 y (especially if dabigatran or edoxaban), or frail: 6-monthly renal function
 - if CrCl ≤ 60 ml/min:
 - recheck interval in months = CrCI / 10
 - · if intercurrent condition that may have impact: renal and/or liver function

Date	Serum creatinine	Creatinine clearance	Hemo- globin	Liver tests