

Dabigatran for treatment and/or prevention of recurrence of VTE/PE (excluding prevention of VTE after hip or knee replacement) – Initiation Checklist (primary care only)

For cautions, contra-indications and interactions refer to SPCs – [dabigatran 110mg](#) and [dabigatran 150mg NICE TA 327](#) - Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism

Refer to: [Wirral Oral Anticoagulant Guidelines](#)

Patient details:

Name: _____ DOB: _____
Weight: _____ SrCr: _____

Creatinine Clearance Calculation (CrCl): Calculation of CrCl using Cockcroft and Gault equation** or a reputable online CrCl calculator.

$(140 - \text{Age} \dots\dots) \times \text{Weight} \dots\dots \times \text{CONSTANT} \dots\dots = \dots\dots \text{ ml/min}$
Serum creatinine (micromol/L).....

CONSTANT Male = 1.23 Female = 1.04

* Female use actual body weight if ≤ 60kg, if > 60kg use 60kg. Male use actual body weight if ≤ 70kg, if > 70kg use 70kg.

**Cockcroft and Gault does not apply to all patients. Exclusion criteria include: unstable serum creatinine, pregnancy, malnutrition, amputation and dialysis

Renal Function:

Patient's CrCl is greater than 50mls/min (prescribe standard dose of 150mg twice daily)
Patient's CrCl is between 30-50mls/min (as above but if bleeding risk high consider 110mg twice daily)
Patient's CrCl is less than 30mls/min (dabigatran contra-indicated)

Indication for dabigatran as per [NICE TA 327](#):

Dabigatran etexilate is recommended, within its marketing authorisation, as an option for treating and for preventing recurrent deep vein thrombosis and pulmonary embolism in adults

Baseline checks to be undertaken – aPTT, INR, Hb, U&Es and LFTs

Consider contraindications, cautions and interacting drugs using references at the top of the page.

Dabigatran standard dose 300mg taken as one 150 mg capsule twice daily following treatment with a parenteral anticoagulant for at least 5 days

Reduced dose 220mg taken as 110mg capsule twice daily:

1. Age > 80 years old
2. Concomitant verapamil (reduced dose and ensure both drugs taken at the same time)

More dosing information

300mg or 220mg dose should be selected based on an individual assessment of the thromboembolic risk and the risk of bleeding in:

1. Patients between 75-80 years
2. Patients with moderate renal impairment
3. Patients with gastritis, esophagitis or gastroesophageal reflux
4. Other patients at increased risk of bleeding

Close surveillance necessary

1. Body weight <50kg or >110kg

Duration of therapy should be individualised after careful assessment of the treatment benefit against the risk for bleeding. Short duration of therapy (at least 3 months) should be based on transient risk factors (e.g. recent surgery, trauma, immobilisation) and longer durations should be based on permanent risk factors or idiopathic DVT or PE.

Patient has been counselled, given a dabigatran alert card and [patient information leaflet](#)

Patient understands the risk/benefits of dabigatran. There is now an antidote for potential bleeding risk.

Prescriber's Signature: _____

Date: _____