

Dabigatran for Atrial Fibrillation – Initiation Checklist (primary care only)

For cautions, contra-indications and interactions refer to SPCs – [dabigatran 110mg](#) and [dabigatran 150mg](#)

[NICE TA 249](#) - Dabigatran for prevention of stroke and systemic embolism in atrial fibrillation

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](#).

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

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

CONSTANT

Male = 1.23

Female = 1.04

****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 & high risk of bleeding (reduced dose 110mg twice daily)

Patient's CrCl is less than 30mls/min (**dabigatran contra-indicated**)

Indication for dabigatran as per [NICE TA 249](#):

Patient has nonvalvular AF with one or more of the following risk factors:

- Previous stroke, TIA or systemic embolism
- Left ventricular ejection fraction below 40%
- Symptomatic heart failure (NYHA Class 2 or above)
- ≥75 years old
- ≥65 years old with diabetes or coronary artery disease or hypertension

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.

Initiation dose of dabigatran is:

Standard dose 150mg twice daily

or

Reduced dose 110mg twice daily

Reason for reduced dose:

1. Age > 80 years old
2. Age 75-80 years old when the thromboembolic risk is low and bleeding risk high
3. CrCl 30-50mls/min (and at a high risk of bleeding)
4. Concomitant treatment with verapamil and any other interacting drugs (see SPC)
5. History of gastritis, oesophageal reflux disease or oesophagitis
6. Other patients at an increased risk of bleeding

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

Patient understands the risk/benefits of dabigatran, including that this is long term therapy. There is now an antidote for potential bleeding risk.

Prescriber's Signature: _____

Date: _____

Wirral Medicines Management March 2016 v2.3

Adapted from WUTH initiation checklists

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