

SBAR NOAC (New Oral Anticoagulant) Form

S	<p>SITUATION: Prescribing a NOAC</p> <ul style="list-style-type: none"> I am calling about (Name of Patient): _____ The patient is to be prescribed (select only ONE of the following): <ul style="list-style-type: none"> - Pradaxa® (<i>dabigatran etexilate</i>) - Xarelto® (<i>rivaroxaban</i>) - Eliquis® (<i>apixaban</i>) - Savaysa® (<i>edoxaban</i>) Is the patient currently on anticoagulant(s)? (e.g., warfarin, heparin, low-molecular weight heparin (enoxaparin, fondaparinux) or any antiplatelet agent (e.g. aspirin, non-steroidal anti-inflammatory drugs, Plavix®, Effient®, Brilinta®)? If so, list: _____ INR ___ aPTT _____ <ul style="list-style-type: none"> o Date of last test _____ Are any of the patient's current anticoagulants/antiplatelets to be discontinued prior to the NOAC started? _____. For how many days? _____ Is the patient undergoing neuraxial anesthesia or a spinal puncture? _____
B	<p>BACKGROUND:</p> <ul style="list-style-type: none"> The patient's age is _____. Is the patient's age \geq 80 years? _____. The patient's weight is _____. Is the patient's weight \leq 60 kg? _____. The Patient's Serum Creatinine is _____. Is the patient's Scr \geq 1.5mg/dL? _____. Does the patient have Hepatic dysfunction? _____. As per the FDA approved prescribing information for the NOAC, have any drug interactions been identified? _____. <p>If so, what are those medication(s)? _____.</p>
A	<p>ASSESSMENT:</p> <ul style="list-style-type: none"> Patient's BMI: _____. Is the patient considered obese? _____. If so, has obesity been adjusted for (and accounted for) in the CrCl formula? _____. What is the patient's CrCl? _____. Date of calculation: _____.
R	<p>RECOMMENDATIONS:</p> <ul style="list-style-type: none"> Does the patient have an FDA approved indication for the NOAC being prescribed? _____. What is that indication? _____. Has the patient's medication list been updated and reviewed for potential drug interactions with the NOAC? (e.g., prescription, OTC, herbals) <p>Decision:</p> <ul style="list-style-type: none"> There is a CONTRAINDICATION between the NOAC and a medication on the patient's medication profile; therefore, the NOAC should NOT be dispensed. The patient's CrCl is _____. As per the FDA approved prescribing information, the NOAC is CONTRAINDICATED due to renal dysfunction; therefore, the NOAC should NOT be dispensed. The patient's CrCl, medication list and patient characteristics have been reviewed and it is determined that the NOAC _____ (name) be prescribed at the following dose: _____.

Evaluated by Nursing Supervisor: _____ Date: ___/___/___

Evaluated by Dispensing Pharmacist: _____ Date: ___/___/___

Evaluated by Physician: _____ Date: ___/___/___