

An audit of the perioperative DOAC prescribing practices in the elderly with hip fractures

Srijoni Ghosh Dastidar (presenter), Nia George

Audit rationale: DOACs - Direct oral anticoagulants are the preferred option for prevention of stroke in non valvular AF, PE/DVT treatment and prevention (NICE) - more and more older adults are on them. Observed discrepancies in perioperative prescribing.

Guideline used: Welsh Frailty Fracture Network Guidelines

Audit performed in: Department of Orthopaedics, Glangwili General Hospital, Carmarthen, Wales



Highlights of the guidelines:

- Patient on DOAC: Apixaban, rivaroxaban and edoxaban
- Stop on admission, confirm time of last dose
- **Surgery 24 hours after last dose if CrCl less than 30 ml/min**
- **or 48 hours after last dose if CrCl more than 30 ml/min**
- Start LMWH prophylaxis on admission: Can be given until 18:00 before day of regional anaesthesia
- **Restart DOAC within 48 hours of surgery unless contraindicated by medical/surgical review**
- **Criteria for valid reason for delay of restart:**
 - **Documented after full medical/surgical review**
 - **Restart done immediately after resolution of said issue / documentation if not**

First Cycle

- Data collected from NHFD: Audit started in May
- Retrospectively (1st Jan '24 - 30th April '24) for patients with hip fracture >65 years of age and concurrently on DOAC.
- 17 patients included
- 4 excluded: 1 death within 24 hrs of op, 1 death before op and 2 managed without op.
- 13 patients audited in total
- **Majority on DOAC for prophylaxis against stroke in AF**
- **None on Dabigatran**
- **30.8% CrCl <30 umol/l)**
- **Among these, for 25%: DOAC stopped 24 hrs prior to op**
- **23% did not have Prophylactic LMWH in the interim**
- **Time of restarting DOAC**
 - Within 48 hrs post op: 38.5%**
 - More than 48 hrs post op: 53.8%**
 - On the night of the op: 7.7%**
- **Valid reason for delay /early restart?**
 - Yes: 50%**
 - No: 50%**

Interventions:

Started at the start of the first cycle:

Posters of guidance in ortho/medical/geriatrics/A and E

Departmental teachings

Peer teaching on various suitable occasions

Added to Induction booklet

Tip: Write DOAC on drug chart and cross off the 1st 48 hrs

Audit presented in the whole hospital audit meeting in June '24 and request to include in intranet guidance submitted

Successes: better documentation, lesser confusion among prescribers
Concerns: persistent invalid delays in restart

Second cycle:

Data Collected retrospectively from 1/05/24-15/07/24

- 13 over 65 y/o admitted for hip fracture surgery, also on a DOAC
- 1 excluded as managed conservatively
- Total number audited: 12
- **Majority on DOAC for prophylaxis of stroke in AF**
- **None on Dabigatran**
- **30.8% CrCl <30 umol/L**
 - All had DOAC stopped at the correct time**
 - All had prophylactic LMWH added in the interim**
- **Time of restarting DOAC:**
 - **Within 48 hrs post op: 41.7%**
 - **More than 48 hours post op: 58.3%**

Valid reason for delay?

Yes: 57.1%
No: 42.9%