

Suitability for Extended DAPT

Patient: NHS number: D.O.B: Weight:

Indication:

- Diagnosis, date, any intervention
- Any past cardiac Hx
- Angio:
- Dates on ticagrelor, any issues
- Recommendation made by interventionist regarding extended DAPT

Other

- EF, anaemia, bleeding, drug interactions

Risk Factors:

| Assessment of patient against criteria | Criteria |
|--|--|
| | age \geq 65 years |
| | diabetes mellitus requiring medication |
| | a second prior spontaneous myocardial infarction |
| | multi-vessel coronary artery disease |
| | estimated CrCl $<$ 60 mL/min |

Exclusion:

See assumptions.

Bleeding Risk:

Based on FBC & U&Es (date)

Recommendations:

Weigh up risk factors and bleeding risk.

Next

Extended DAPT can be offered (with ticagrelor 60mg for 3 years)/ is not recommended at this time. Any additional monitoring e.g. FBC.

If extended DAPT is recommended then GP should ensure that assumptions are correct.

Discuss with patient the recommendations made, based on the principles of shared decision-making approach.

Assumptions (ensure these are correct):

Patient has no bleeding disorder or melena

There is no History of central nervous system tumour, intracranial vascular abnormality, prior intracranial haemorrhage.

There is no Recent GI bleed or major surgery

The patient is not at risk of bradycardia

Patient does not have dialysis or severe liver disease

Patient tolerated Aspirin and Ticagrelor for 12 months with no problems.

No history of spontaneous bleeding requiring medical attention.