**Aide memoire for Hospital Requests for co-prescription of antiplatelet/anticoagulant therapy**

There are a number of scenarios where a specialist may request co-prescription of an oral anticoagulant with antiplatelet therapy. This requires careful consideration of antithrombotic therapy, balancing bleeding risk, stroke risk, and risk of acute coronary syndromes (ACS). Co-prescription of an oral anticoagulant with antiplatelet therapy, in particular triple therapy, increases the absolute risk of major haemorrhage. [2021 European Heart Rhythm Association Practical Guide on the use of non-vitamin K antagonist oral anticoagulants in patients with atrial fibrillation | European Heart Journal | Oxford Academic (oup.com)](https://academic.oup.com/europace/article/23/10/1612/6247378#304929920)

An oral anticoagulant (warfarin or a direct oral anticoagulant (DOAC)) and an anti-platelet prescribed together without a gastro-protective medicine may increase the risk of a gastro-intestinal bleed. [NICE CKS](https://cks.nice.org.uk/antiplatelet-treatment#!scenarioRecommendation:3) lists people at high risk of GI adverse effects and assessment of these factors must be individualised. See also “Oral Anticoagulant Selection Tool” on the [PAD.](https://surreyccg.res-systems.net/PAD/Guidelines/Detail/4387)

**All patients** initiated on dual antiplatelet therapy (DAPT), antiplatelet plus anticoagulant or dual antiplatelet therapy and anticoagulation (triple therapy) **must** have a clear documented plan that includes the following information

* Indication for each medication
* Rationale for use
* Duration of treatment with **STOP** date
* Information that the risks of treatment have been discussed with the patient
* Consideration of gastroprotection

**This information should be readily available for the primary care clinician and if not, should be requested from the hospital (or other initiating clinician)**