Patient Alert Card

Eliquis[®] (apixaban)

This card should be with the child or the caregiver at all times

Show this card to the pharmacist, dentist and any other healthcare professionals prior to treatment

Information for patients / caregivers

- Take / give Eliquis regularly as instructed. If you miss a
 morning dose, take / give it as soon as you remember and
 it may be taken / given together with the evening dose. A
 missed evening dose can only be taken / given during the
 same evening. Do not take / give two doses the next
 morning, instead continue to follow the dosing schedule
 twice daily as recommended on the next day.
- Do not stop taking / giving Eliquis without talking to the doctor, as the patient is at risk of suffering from a blood clot or other complications.
- Eliquis helps to thin the blood. However, this may increase the risk of bleeding.
- Signs and symptoms of bleeding include bruising or bleeding under the skin, tar-coloured stools, blood in urine, nose-bleed, dizziness, tiredness, paleness or weakness, sudden severe headache, coughing up blood or vomiting blood.
- If the bleeding does not stop on its own, seek medical attention immediately.
- If you need surgery or any invasive procedure, inform the healthcare professional that the child is taking Eliquis.

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I am under anticoagulation treatment with Eliquis (apixaban) to prevent blood clots

Information for healthcare professionals

- Eliquis (apixaban) is an oral anticoagulant acting by direct selective inhibition of factor Xa.
- Eliquis may increase the risk of bleeding. In case of major bleeding events, it should be stopped immediately.
- Treatment with Eliquis does not require routine monitoring of exposure. A calibrated quantitative anti-Factor Xa assay may be useful in exceptional situations, e.g., overdose and emergency surgery (prothrombin time (PT), international normalised ratio (INR) and activated partial thromboplastin time (aPTT) clotting tests are not recommended) – see SmPC.

An agent to reverse the anti-factor Xa activate available. Please complete this section or ask the do	, ,
Name:	
Birth Date:	
Indication:	
Weight:	
Dose:	mg twice daily
Doctor's Name:	
Doctor's telephone:	