

Your AFib Treatment Decision Tool

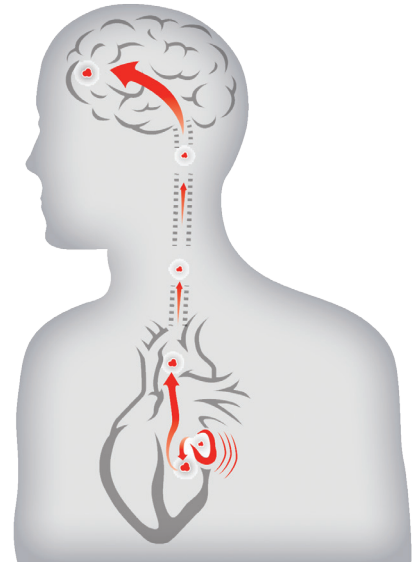
Why is your doctor giving you a blood thinner?









You have been diagnosed with AFib, or atrial fibrillation (AY-tree-al fi-bri-LA-shun), which is the most common type of irregular heartbeat. In AFib, blood can pool in your heart and form a clot. The clot can then travel to your brain and cause a stroke.

- Having AFib puts you at 5x greater risk of a stroke
- Your risk of stroke increases with age

Which blood thinner is right for you?

To help choose the blood thinner that will meet your needs, your doctor will review some important things to consider.



| <i>Considerations may include:</i> | | <i>Check all boxes that apply</i> |
|---|--|-----------------------------------|
|  | Has known risks or possible side effects | <input type="checkbox"/> |
|  | Has a reversal treatment available | <input type="checkbox"/> |
|  | Requires regular blood tests | <input type="checkbox"/> |
|  | Needs to be taken twice (2x) a day | <input type="checkbox"/> |
|  | Needs to be taken once (1x) a day | <input type="checkbox"/> |
|  | Needs to be taken with food | <input type="checkbox"/> |
|  | Requires changes in your diet | <input type="checkbox"/> |
|  | Has a savings card program | <input type="checkbox"/> |

Partner with your doctor to choose the blood thinner that is right for you to reduce your risk of stroke.

AFIB INFORMATION CARD

My AFib treatment plan includes:

(Write name of prescription blood thinner here)

For Emergency Staff:

THIS PATIENT IS ON AN ORAL ANTICOAGULANT. IN AN EMERGENCY SITUATION, A REVERSAL AGENT MAY BE AVAILABLE.

← **Cut on the dotted line and keep this card with you at all times.**

Please use this space to take notes during your doctor's visit:

Lined area for taking notes during a doctor's visit.

Cut on the dotted line and keep this card with you at all times.



HEALTH INFORMATION CONTACTS

Emergency contact name: _____

Emergency contact number: _____

Doctor name: _____

Doctor number: _____

Pharmacy name: _____

Pharmacy number: _____

