

## What should I know about Rivaroxaban?

- ◆ Rivaroxaban thins the blood, which prevents you from getting dangerous blood clots.
- ◆ Rivaroxaban must be taken exactly as prescribed by your doctor. To ensure optimal protection from blood clots, **never skip a dose.**
- ◆ You must not stop taking Rivaroxaban without first talking to your doctor as your risk of blood clots may increase.

- ◆ Tell your health care provider about any other medicines you are currently taking, took recently or intend to start taking, before you start Rivaroxaban.
- ◆ Tell your health care provider that you are taking Rivaroxaban before any surgery or invasive procedure.

## When should I seek advice from my health care provider?

When taking a blood thinner such as Rivaroxaban it is important to be aware of its possible side effects. Bleeding is the

most common side effect. Do not start taking Rivaroxaban if you know you are at risk of bleeding, without first discussing this with your doctor. Tell your health care provider straight away if you have any signs or symptoms of bleeding such as the following:

- ◆ pain
- ◆ swelling or discomfort
- ◆ headache, dizziness or weakness
- ◆ unusual bruising, nosebleeds, bleeding of gums, cuts that take a long time to stop bleeding
- ◆ menstrual flow or vaginal bleeding that is heavier than normal

- ◆ blood in your urine which may be pink or brown, red or black stools
- ◆ coughing up blood, or vomiting blood or material that looks like coffee grounds

## How do I take Rivaroxaban?

- ◆ To ensure optimal protection, Rivaroxaban
  - 2.5 mg can be taken with or without food
  - 10mg can be taken with or without food
  - 15mg must be taken with food
  - 20mg must be taken with food

## Patient Alert Card

**Rivaroxaban 2.5mg**  
**Rivaroxaban 10mg**  
**Rivaroxaban 15mg**  
**Rivaroxaban 20mg**

- ◆ **Keep this card with you at all times**
- ◆ **Present this card to every physician or dentist prior to treatment**

## I am under anticoagulation treatment with Rivaroxaban

Name: _____	Other medicines / conditions: _____
Address: _____	_____
_____	_____
_____	_____
Birth date: _____	Weight: _____
	_____
	_____

## In case of emergency, please notify:

Doctor's name: \_\_\_\_\_

Doctor's phone: \_\_\_\_\_

Doctor's stamp: \_\_\_\_\_

## Please also notify:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Information for health care providers:

- ◆ INR values should not be used as they are not a dependable measure of the anticoagulant activity of Rivaroxaban.