MANAGEMENT OF APIXABAN (ELIQUI$$®$$) BEFORE AND AFTER MEDICAL PROCEDURES OR SURGERY

This form should be completed by your doctor. It provides instructions on when to take your apixaban (Eliquis®) if you are having a procedure or surgery.

Date of procedure: ____________________________

Procedure: ____________________________

Indication(s) for anticoagulation: ____________________________

Usual APIXABAN dose: ____________________________ Calculated CrCl (mL/min) (kidney function): ____________________________

Bleeding risk:

☐ MINIMAL ☐ LOW ☐ HIGH

Consulted with specialist performing the procedure: ☐ YES ☐ NO

Comments:__________________________________________________________

Thrombotic (clotting) risk:

☐ LOW ☐ MODERATE ☐ HIGH

Consulted with specialist managing anticoagulation: ☐ YES ☐ NO

Comments:__________________________________________________________

Show this form to the doctor at any appointments BEFORE your procedure. Bring this form to your procedure.

When to take APIXABAN BEFORE your procedure

Continue to take your APIXABAN as usual until ___/___/____

<table>
<thead>
<tr>
<th>Number of days before surgery</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Day of procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MORNING dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>EVENING dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

If you require further information please contact: __________________________________________ on __________________________

Doctor name: __________________________________________ Signature: __________________________________________

Designation: __________________________ Phone Contact: __________________________ Date: __________________________
Taking APIXABAN AFTER your procedure

Date of procedure: ________________________________

Procedure: ________________________________

Complete this form with your surgeon or proceduralist AFTER your procedure.

When to take APIXABAN AFTER your procedure:

<table>
<thead>
<tr>
<th>Number of days after procedure</th>
<th>Day of procedure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MORNING Dose</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVENING Dose</td>
<td>None</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Then, continue to take your APIXABAN as normal from ____/____/____

Show this form to your doctor during any appointments straight AFTER your procedure.

If you require further information please contact: ____________________________ on ________________________

Instructions if you notice any signs of bleeding AFTER your procedure

Signs of bleeding may include: ________________________________________________

Please contact ____________________________ on ____________________________ if you notice any of these signs.

If the bleeding is severe, go straight to your nearest Hospital Emergency Department.
Tell them you are taking APIXABAN

Doctor name: ___________________________________________ Signature: ___________________________________

Designation: ___________________________ Phone Contact: ___________________________ Date: ____________________

For information on managing APIXABAN refer to the CEC NOAC Guidelines Updated July 2017 http://bit.ly/2q4ObP5

Acknowledgement
The Clinical Excellence Commission acknowledges the members of the Anticoagulant Medicines Working Party who contributed to the development of this document.