MANAGEMENT OF DABIGATRAN (PRADAXA®) BEFORE AND AFTER A MEDICAL PROCEDURE OR SURGERY

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

Date of procedure: ________________________________

Procedure: ______________________________________

Indication(s) for anticoagulation: ____________________

Usual DABIGATRAN 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 DABIGATRAN BEFORE your procedure

Continue to take your DABIGATRAN 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>
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</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
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<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>
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<td>None</td>
</tr>
</tbody>
</table>

If you require further information please contact: ______________________ on ______________________

Doctor name: ___________________________________ Signature: ________________________________________

Designation: ___________________________ Phone contact: ___________________________ Date: ______________
Taking DABIGATRAN AFTER your procedure

Date of procedure: ____________________________

Procedure: ________________________________

Complete this form with your surgeon or proceduralist AFTER your procedure (before you are discharged home)

When to take DABIGATRAN 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>
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</tr>
<tr>
<td>MORNING dose</td>
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</tr>
</tbody>
</table>

Then, continue to take your DABIGATRAN 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 DABIGATRAN

Doctor name: ____________________________________________ Signature: ____________________________

Designation: ____________________________ Phone Contact: ____________________________ Date: ____________________________

For information on managing DABIGATRAN refer to the CEC NOAC Guidelines 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.