MANAGEMENT OF WARFARIN BEFORE AND AFTER MEDICAL PROCEDURES OR SURGERY (NO BRIDGING)

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

Date of procedure: ______________________________

Procedure: _____________________________________

Indication(s) for anticoagulation: _______________________

Usual warfarin brand: □ Coumadin  □ Marevan  Usual warfarin dose: _____________  Target INR: _____________

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 warfarin** **BEFORE** your procedure:

<table>
<thead>
<tr>
<th>Number of days before surgery</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Morning of procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
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<tr>
<td>INR</td>
<td></td>
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</tr>
<tr>
<td>WARFARIN</td>
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<tr>
<td>Take last dose of warfarin</td>
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<td></td>
</tr>
<tr>
<td>No warfarin</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>No warfarin</td>
</tr>
</tbody>
</table>

If you require further information please contact: ___________________________ on ______________________

Doctor name: ___________________________ Signature: ___________________________

Designation: _________________________ Phone Contact: ________________________ Date: ___________________
Taking warfarin AFTER your procedure

**Date of procedure:** ____________________________

**Procedure:** ________________________________________

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

**When to take warfarin AFTER your procedure:**

<table>
<thead>
<tr>
<th>Number of days after surgery</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>INR</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>WARFARIN DOSE</td>
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</tr>
</tbody>
</table>

Then, continue to take your warfarin as normal from __________.

Your next INR test is due on ____________.

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 WARFARIN

**Doctor name:** ____________________________________________ **Signature:** ____________________________________________

**Designation:** __________________________ **Phone Contact:** __________________________ **Date:** __________________________

For further information please refer to the CEC Guidelines for perioperative management of anticoagulant and antiplatelet agents.

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