

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: _____

MRN: _____

Name: _____

DOB: _____

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:

Number of days before surgery	6	5	4	3	2	1	Morning of procedure
Date							
INR							
WARFARIN	Take last dose of warfarin	X No warfarin	X No warfarin	X No warfarin	X No warfarin	X No warfarin	X No warfarin

If you require further information please contact: _____ on _____

Doctor name: _____ Signature: _____

Designation: _____ Phone Contact: _____ Date: _____

Taking warfarin **AFTER** your procedure

Date of procedure: _____

Procedure: _____

MRN: _____

Name: _____

DOB: _____

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

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

Number of days after surgery	Day of procedure	1	2	3	4	5	6
Date							
INR							
WARFARIN DOSE							

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.

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SHPN (CEC) 180716