

# 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: \_\_\_\_\_

MRN:

Name:

DOB:

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 \_\_\_\_\_

Number of days before surgery	4	3	2	1	Day of procedure
Date					
MORNING dose				None	None
EVENING dose				None	None

If you require further information please contact: \_\_\_\_\_ on \_\_\_\_\_

Doctor name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Phone contact: \_\_\_\_\_ Date: \_\_\_\_\_

## Taking DABIGATRAN AFTER your procedure

Date of procedure: \_\_\_\_\_

Procedure: \_\_\_\_\_

MRN: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

### When to take DABIGATRAN AFTER your procedure:

Number of days after procedure	Day of procedure	1	2	3	4	5	6
Date							
MORNING dose	None						
EVENING dose							

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>

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