

MANAGEMENT OF RIVAROXABAN (XARELTO®) BEFORE AND AFTER MEDICAL PROCEDURES OR SURGERY

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

Date of procedure: _____

Procedure: _____

Indication(s) for anticoagulation: _____

MRN: _____

Name: _____

DOB: _____

Usual RIVAROXABAN 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 RIVAROXABAN **BEFORE** your procedure

Continue to take your RIVAROXABAN as usual until ___/___/___

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

If you require further information please contact: _____ on _____

Doctor name: _____ Signature: _____

Designation: _____ Phone Contact: _____ Date: _____

Taking RIVAROXABAN AFTER your procedure

Date of procedure: _____

Procedure: _____

MRN: _____

Name: _____

DOB: _____

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

When to take RIVAROXABAN AFTER your procedure:

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

Then, continue to take your RIVAROXABAN 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 RIVAROXABAN**

Doctor name: _____ Signature: _____

Designation: _____ Phone Contact: _____ Date: _____

For information on managing RIVAROXABAN 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.

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Released December 2018, © Clinical Excellence Commission. SHPN (CEC) 180720