

# 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

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(no bridging)

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