

Fighting blood clots through education

Dabigatran (Pradaxa®) and Surgery:

What You Need to Know



The following materials are to be reviewed with your clinician prior to your procedure.

For more detailed information on managing your blood thinner or antiplatelet medicine before a procedure, please see our full *Procedure Playbook* guide <u>here</u>.



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A Personalized Antithrombotic Medication Management Worksheet

Background Information

Name:	
Date of birth:	
Preferred pharmacy (include name, address, phone number):	and

USE THIS SHEET IF YOU ARE ON A DOAC: APIXABAN, EDOXABAN, RIVAROXABAN, or DABIGATRAN

Print For Use With Your Surgeon

Emergency contact name and phone number:

Medication Information

Check off which medicines you take in the boxes below. Next to your medication, fill in your dose, the reason why you take it, and who prescribes it.

~	Blood Thinner	Dose	Why do you take it?	Who Prescribes it?
	Apixaban (Eliquis®)			
	Rivaroxaban (Xarelto®)			
	Dabigratran (Pradaxa®)			
	Edoxaban (Savaysa®)			

V	Antiplatelet	Dose	Why do you take it?	Who Prescribes it?
	Aspirin			
	Clopidogrel (Plavix®)			
	Ticagrelor (Brilinta®)			
	Prasugrel (Effient®)			



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Information and Instructions for Your Procedure

Name or type of procedure:	AFTER YOUR PROCEDURE:
Date, time, and location of procedure:	Restart my on (DATE) and follow these instructions:
	(RECORD DOSAGE AND TIME TO RESUME IT, THEN HOW TO CONTINUE GOING FORWARD.)
BEFORE YOUR PROCEDURE:	
 Based on discussions with my healthcare team and instructions from my doctor(s), I will Continue taking my as usual and will not make any changes to how I take it. Stop taking my on 	If I have questions, I can contact [NAME] at [PHONE NUMBER].
(DATE).	



3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE	DAY OF PROCEDURE	1 day After procedure	2 days AFTER PROCEDURE	3 days AFTER PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM	AM	AM X	AM X	AM	AM	AM
PM	PM	PM	РМ	PM	PM	PM
Take	Take	Do not take	Do not take	Ask your doctor [†]	Take	Take

Low/Moderate Bleeding Risk

+You will usually restart your dabigatran within 24 hours after having a procedure with low/moderate bleed risk if adequate hemostasis is achieved;

your doctor will tell you exactly when to restart.

Adequate hemostasis refers to the successful prevention or stopping of bleeding.

X – DO NOT take X– do not take based on your doctor's advice

Based on the dose that you take, the shape or color of your medication may look different than the image in this calendar.



3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE	DAY OF PROCEDURE	1 day After procedure	2 days After procedure	3 days
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM	AM X	AM X	AM X	AM X	AM XX	AM XX
PM	PM	PM	PM	PM	PM	PM
Take	Do not take	Do not take	Do not take	Do not take	Ask your doctor*	Ask your doctor*

High Bleeding Risk

*You will usually restart your dabigatran 2-3 days after a high-bleed-risk procedure if adequate hemostasis is achieved;

your doctor will tell you exactly when to restart.

Adequate hemostasis refers to the successful prevention or stopping of bleeding.



X– do not take based on your doctor's advice

Based on the dose that you take, the shape or color of your medication may look different than the image in this calendar.



3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE	DAY OF PROCEDURE	1 day After procedure	2 days	3 days AFTER PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM		AM	AM X	AM	AM	AM
PM			РМ	PM	PM	РМ
Take	Do not take	Do not take	Do not take	Ask your doctor [†]	Take	Take

Low/Moderate Bleeding Risk

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🗙 – DO NOT take

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7 days BEFORE PROCEDURE	6 days BEFORE PROCEDURE	5 days BEFORE PROCEDURE	4 days BEFORE PROCEDURE	3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM	AM	AM	AM X	AM X	AM X	AM X
РМ	PM	PM	РМ	РМ	PM	PM X
Take	Take	Take	Do not take	Do not take	Do not take	Do not take

High Bleeding Risk

DAY OF PROCEDURE	1 day AFTER PROCEDURE	2 days	3 days AFTER PROCEDURE	4 days	5 days	6 days After procedure
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM		AM	AM	AM	AM	AM
		PM	PM	РМ	РМ	РМ
Do not take	Do not take	Ask your doctor*	Ask your doctor*	Take	Take	Take

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