NATF
North American Thrombosis Forum

Fighting blood clots through education

Warfarin (Jantoven®) 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 here.

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A Personalized Antithrombotic Medication Management Worksheet

USE THIS SHEET IF YOU TAKE WARFARIN

Background Information

Name: _____

Date of birth: _____

Preferred pharmacy (include name, address, and phone number): _____

_____

_____

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?
❑	Warfarin (Coumadin®)			

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

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A Personalized Antithrombotic Medication Management Worksheet

USE THIS SHEET IF YOU TAKE WARFARIN

Print For Use With Your Surgeon

Information and Instructions for Your Procedure

Name or type of procedure: _____

_____

_____

_____

Date, time, and location of procedure: _____

_____

_____

_____

_____

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** _____ **(DATE).**

ONLY if you are bridging with an injectable heparin:

❑ **Begin using injectable heparin on** _____**(DATE) and stop it on** _____ **(DATE).**

AFTER YOUR PROCEDURE:

❑ **Restart my** _____ **on (DATE) and follow these instructions:** _____

_____

_____

(RECORD DOSAGE AND TIME TO RESUME IT, THEN HOW TO CONTINUE GOING FORWARD AND WHEN YOUR NEXT BLOOD TEST IS SCHEDULED.)

ONLY if you are bridging with an injectable heparin:

❑ **Restart my injectable heparin on** _____**(DATE) and follow these instructions:** _____

_____

_____

(RECORD DOSAGE AND TIME TO RESUME IT, THEN HOW TO CONTINUE GOING FORWARD.)

If I have questions, I can contact _____ **[NAME] at** _____ **[PHONE NUMBER].**

Warfarin

Low/Moderate Bleeding Risk

7 days BEFORE PROCEDURE	6 days BEFORE PROCEDURE	5 days BEFORE PROCEDURE	4 day BEFORE PROCEDURE	3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
				AM  PM 	AM  PM 	AM  PM 
Take warfarin	Take warfarin	Do not take warfarin	Do not take warfarin	Do not take warfarin Start LMWH	Do not take warfarin Continue LMWH	Do not take warfarin Skip Evening LMWH

DAY OF PROCEDURE	1 day AFTER PROCEDURE	2 days AFTER PROCEDURE	3 days AFTER PROCEDURE	4 days AFTER PROCEDURE	5 days AFTER PROCEDURE	6 days AFTER PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM  PM 	AM  PM 	AM  PM 	AM  PM 	AM  PM 	AM  PM 	AM  PM 
Start warfarin Do not take LMWH	Continue warfarin Ask your doctor about starting LMWH†	Continue warfarin Take LMWH	Continue both	Continue both	Continue warfarin Ask your doctor about stopping LMWH‡	Continue warfarin Ask your doctor about stopping LMWH‡

†For low-to-moderate bleed risk, LMWH is usually restarted within 24 hours.
‡LMWH is stopped when the INR is in the therapeutic range (greater than 1.9).
INR is a blood test used to monitor the effectiveness warfarin.
When the INR is said to be in the therapeutic range, it means that the level of blood clotting is within a safe range.

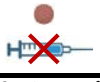
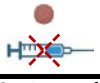
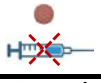
– DO NOT take **– do not take based on your doctor's advice**

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

Warfarin

High Bleeding Risk

7 days BEFORE PROCEDURE	6 days BEFORE PROCEDURE	5 days BEFORE PROCEDURE	4 day BEFORE PROCEDURE	3 days BEFORE PROCEDURE	2 days BEFORE PROCEDURE	1 day BEFORE PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
				AM  PM 	AM  PM 	AM  PM 
Take warfarin	Take warfarin	Do not take warfarin	Do not take warfarin	Do not take warfarin Start LMWH	Do not take warfarin Continue LMWH	Do not take warfarin Skip evening LMWH

DAY OF PROCEDURE	1 day AFTER PROCEDURE	2 days AFTER PROCEDURE	3 days AFTER PROCEDURE	4 days AFTER PROCEDURE	5 days AFTER PROCEDURE	6 days AFTER PROCEDURE
Date:	Date:	Date:	Date:	Date:	Date:	Date:
AM  PM 	AM  PM 	AM  PM 	AM  PM 	AM  PM 	AM  PM 	AM  PM 
Start warfarin Do not take LMWH	Continue warfarin Do not take LMWH	Continue warfarin Ask your doctor about starting LMWH*	Continue warfarin Ask your doctor about starting LMWH*	Continue warfarin Take LMWH	Continue both	Continue warfarin Ask your doctor about stopping LMWH‡

* For high-bleed-risk procedures, LMWH is usually restarted 2-3 days after the procedure
‡LMWH is stopped when the INR is in the therapeutic range (greater than 1.9).
INR is a blood test used to monitor the effectiveness of warfarin.
When the INR is said to be in the therapeutic range, it means that the level of blood clotting is within a safe range.

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.