





## Anticoagulation Before & After Surgery – Patient Record Sheet

Patient Name: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ kg

Surgeon Name: \_\_\_\_\_ Warfarin dose: \_\_\_\_\_ mg

Type of Procedure: \_\_\_\_\_ LMWH: \_\_\_\_\_

Date	# Days before/ after Surgery	Please take your warfarin and LMWH injection as instructed below:	Blood Testing
	7	 aspirin, clopidogrel (Plavix®), ticlopidine (Ticlid®) if asked by your surgeon	
	6	LAST DOSE OF WARFARIN BEFORE SURGERY	
	5	 warfarin. Do not take any more warfarin before surgery.	INR
	4	No LMWH. No warfarin.	
	3	LMWH _____ units at 8 am. No warfarin.	
	2	LMWH _____ units at 8 am. No warfarin.	
	1	No LMWH. No warfarin.	INR
	<b>Surgery</b>	Warfarin ____ mg at bedtime if you have no bleeding	
	+1	LMWH _____ units at 8 am AND Warfarin ____ mg at supper	
	+2	LMWH _____ units at 8 am AND Warfarin ____ mg at supper	
	+3	LMWH _____ units at 8 am AND Warfarin ____ mg at supper	INR,CBC
	+4	LMWH _____ units at 8 am AND Warfarin ____ mg at supper	
	+5	LMWH _____ units at 8 am AND Warfarin ____ mg at supper	INR,CBC
	+6	Continue warfarin and LMWH (if needed) as instructed by your doctor.	

If you have any questions or experience serious bleeding, call your doctor: \_\_\_\_\_

MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_