

Patient Record Sheet: Warfarin Before and After Procedures

Patient Name: _____ Patient Weight: _____ kg

Surgeon Name: _____ Warfarin Dose: _____ mg

Type of Procedure: _____ Low Molecular Weight Heparin (LMWH) _____

Date	Number of days before/after procedure	Please take your warfarin and LMWH injection as instructed below:	Testing
	-7	STOP aspirin, clopidogrel (Plavix®), prasugrel (Effient®) and ticagrelor (Brilinta®), if asked by your surgeon	
	-6	LAST DOSE OF WARFARIN BEFORE SURGERY	
	-5	No warfarin	
	-4	LMWH _____ units in evening. No warfarin.	
	-3	LMWH _____ units in evening. No warfarin.	
	-2	LMWH _____ units in evening. No warfarin.	
	-1	No LMWH. No warfarin.	INR
	Procedure (Day 0)	Warfarin _____ mg at bedtime if you have no bleeding or start the next evening.	
	+1	LMWH _____ units AND Warfarin ____ mg in evening	
	+2	LMWH _____ units AND Warfarin ____ mg in evening	
	+3	LMWH _____ units AND Warfarin ____ mg in evening	
	+4	LMWH _____ units AND Warfarin ____ mg in evening	
	+5	LMWH _____ units AND Warfarin ____ mg in evening	
	+6	Continue warfarin and LMWH (if needed), as instructed by your doctor.	INR

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

MD Signature: _____ Date: _____