PERI-OPERATIVE MANAGEMENT OF ANTICOAGULATION THERAPY

King's College Hospital NHS
NHS Foundation Trust

Patient details (name and hospital no.)	**Telephone number**

Operation / procedure

TCI date: Consultant:

Operation date: Operation / Procedure:

INR required prior to surgery (if applicable):

Name and number of pre-admission departmental contact nurse / doctor (SpR/SHO/FY1/2):

Known allergies: Weight:

Indication for anticoagulation	**Other current medications**
CHAD2 score if AF:	

Patient's current maintenance dose of warfarin:

If enoxaparin required:
Patient is self-injecting ( )
Patient's family are administering injection ( )
District Nurse has been arranged ( )

INR in clinic: **Creatinine:**

Warfarin dose to take:

Other relevant comments

Seen by: **Date:**

Instructions regarding anticoagulant management

The days leading up to the procedure / operation

Date	Instructions

On the morning of the procedure / operation

Date	Instructions

***Please note, the advice given after the procedure / operation, assumes that haemostasis is secure and there were no complications. If this is not the case, then it remains the responsibility of the clinical team looking after the patient to revise the advice. Contact the anticoagulation team on x3333 if post-op advice needed.**

On the evening of the procedure / operation*

Date	Instructions

The days after the procedure / operation*

Date	Instructions

Date of anticoagulation clinic follow-up after the procedure / operation: