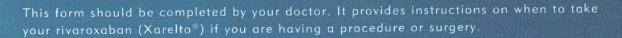
## MANAGEMENT OF RIVAROXABAN (XARELTO®) BEFORE AND AFTER MEDICAL PROCEDURES OR SURGERY



Date of procedure:	444		MRN:				
Procedure:			Name:				
ndication(s) for anticoa	gulation:		DOB:				
Jsual RIVAROXABAN d	ose:		Calculated CrCl (ml	_/min) (kidney funct	ion):		
Bleeding risk:		□ LOW		□ HIGH			
Consulted with specialis	st performing the p	orocedure:   YES	□ NO				
Comments:							
Thrombotic (clotting)	risk:	□ MODERA	TE	□ HIGH			
Consulted with specialis	st managing antico	pagulation:   YES	□ NO				
Comments:							
When to take RIVA Continue to take your  Number of days before				1	Day of procedure		
Surgery							
MORNING Dose		,	,		None		
EVENING dose				None	None		
If you require further	information pleas	se contact:		on			
Doctor name:			Gignature:				
Designation:		Phone Contact:		Date:			

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Taking RIVAROX	cedure	MRN:						
Date of procedure:				Name:				
rocedure:		DOB:						
Complete this form w					ocedure.			
Number of days after procedure	Day of procedure	1	2	3	4	5	6	
Date								
MORNING dose	None							
EVENING dose	None							
Then, continue to tale  Show this form to your factor of the second of t	our doctor dur information p	ing any appo	intments stra	aight AFTE	R your proce			
Please contact	n	if you notice any of these sign						
If the blee	ding is sever	e, go straigh Tell them yo	nt to your ne ou are takin	earest Hosp g RIVAROX	pital Emerge (ABAN	ency Depar	tment.	
Doctor name:			Sig	nature:				
Designation:Phone Contact:								
For information on ma	anaging RIVAR	OXABAN refer	to the CEC No	OAC Guidelin	nes http://bit.ly	/2q4ObP5		
Acknowledgement The Clinical Excellence C Anticoagulant Medicines development of this docu	Commission acknow Working Party who	viedges the memb contributed to the	e and a second		AROXABAN (Xarelto		SUI	

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