

Coronary Stent/Mechanical Heart Valve/Atrial Fibrillation with History of Stroke Plan of Care Form

(Form may be used for any other patient as well)

SURGEON SECTION - MUST BE COMPLETED **PRIOR** TO CARDIOLOGY/PRESCRIBING PHYSICIAN EVALUATION

Procedure Date (if known): TBD Procedure: BARIATRIC SURGERY
GENERAL

Surgeon: _____ Anesthesia Type: _____
(Instructions: fully complete either statement #1 OR Statement #2 and then sign)

- 1) ☐ Patient is asymptomatic from a cardiac standpoint and may continue all antiplatelet and anticoagulants agents as prescribed throughout the perioperative period (no cardiology evaluation required, surgeon instructs patient to continue medications)
- 2) ☐ Cardiology Evaluation for:
 - ☐ Medical/cardiac optimization
 - ☐ Risk stratification/cardiac clearance
 - ☐ Recommendations for perioperative anticoagulants and anti-platelets (see acceptable list below)

Acceptable to continue Peri-op: ☐ Aspirin 81 mg ☐ Aspirin 325 mg ☐ Clopidogrel (Plavix)
☐ All ☐ None ☐ Other:

*** By signing below, the surgeon acknowledges responsibility for instructing their patient on Antiplatelet/anticoagulation management (after cardiology/prescribing physician evaluation if required).

Surgeon signature _____ Date/time _____
Contact phone number 919-784-2846 Fax number 919-784-2801

CARDIOLOGIST/PRESCRIBING PHYSICIAN SECTION

(Instructions: review surgeon section above and complete applicable sections below before signing)

- ☐ This patient is medically optimized.
☐ This patient is at low / medium / high risk for cardiac events in the perioperative period.
☐ Anticoagulant/antiplatelet recommendations*:

Antiplatelet	Continue	Last dose ____ days Pre-op
Aspirin		
TICAGRELOR (Brilinta)		
PRASUGREL (Effient)		
CLOPIDOGREL (Plavix)		
CILOSTAZOL (Pletal)		
TICLOPIDINE (Ticlid)		
Other:		

Anticoagulant	Continue	Last dose ____ days Pre-op
FONDAPARINUX (Arixtra)		
WARFARIN (Coumadin)		
APIXABAN (Eliquis)		
DABIGATRAN (Pradaxa)		
EDOXABAN (Savaysa)		
RIVAROXABAN (Xarelto)		
Other:		

*Antiplatelets and anticoagulants should be resumed as soon as clinically possible after surgery

☐ Bridging instructions, if needed:

Other recommendations/comments:

By signing below, the cardiologist or other prescribing physician acknowledges communication of his/her recommendations to the surgeon prior to the scheduled surgery.

Cardiologist (print): _____ Contact phone number: _____

Signature: _____ Date: _____



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