Adjust to local practice

|  |  |  |
| --- | --- | --- |
| Name of patient | ID number | Date of surgery  |
| Name of surgeon | Contact details surgeon  | Contact details ward |
| Name of clotting factor  | Standard / long acting / non-replacement therapy  |
| Desmopressin |  |
| Lab assay | one-stage or chromogenic |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Who | When | Done |
| Treatment plan for surgery complete |  |  |  |
|  |  |  |  |
| Inform 1 - 2 weeks before surgery |  |  |  |
| * patient
 |  |  |  |
| * surgeon and/or doctor on ward
 |  |  |  |
| * nurse coordinator on ward
 |  |  |  |
|  |  |  |  |
| *Admission day* |  |  |  |
| Check Factor levels (adjust dose) |  |  |  |
| Check pain medication |  |  |  |
| (Check thrombosis prophylaxis) |  |  |  |
|  |  |  |  |
| *Following days* |  |  |  |
| Check Factor levels (adjust dose) |  |  |  |
| Check supply clotting factor |  |  |  |
| Check pain medication |  |  |  |
| No signs of bleed |  |  |  |
|  |  |  |  |
| *Discharge* |  |  |  |
| * Treatment plan if necessary
 |  |  |  |
| * Check pt capable to self-inject
 |  |  |  |
| * Prescribe clotting factor
 |  |  |  |
|  |  |  |  |
| Discharge letter for GP |  |  |  |
| Plan follow-up consult (inhibitor testing) |  |  |  |