## **ADMISSION DETAILS**

Your Procedure:	
Date:	Admission time:
Hospital:	
Your anaesthetist is:	Phone
drive you home after your procedure. It is esse	ble to drive home, please arrange for someone to ential you have a responsible adult present for the 24 hours.
MEDIC	CATIONS
PLEASE TAKE ALL YOUR REGULAR MEDICATIONS except for the following:	
<ul> <li>Clopidogrel (Plavix, Iscover, Clopidogrel Plesione)</li> <li>Rivaroxaban (Xarelto)</li> <li>Apixaban (Eliquis)</li> </ul>	us, Coplavix, Duo Cover) • Dabiatran (Pradaxa) All other anticoagulants
STOP ON	LAST DOSE ON
Aspirin should be stopped 10 days prior to your	procedure, unless otherwise
instructed by your doctor.	
All natural remedies should be stopped 7 days prior:	
• Fish oil • Krill oil • Glucosamine	
Iron should be stopped 5 days prior.	
Warfarin should be stopped 4 days prior unless otherwise instructed by your doctor.	
Non-steroidal anti-inflammatory medication should be stopped 2 days prior:	
Nurofen/Ibuprofen	
Diuretics should not be taken on the morning of your procedure including:	
Frusemide • Spironolactone	
If you have diabetes please refer to the separate	e DIABETIC MEDICATION pages for instructions.
	<u>PIET</u>
DAY OF ADMISSION:	
You may EAT until (6 hours befor	
You may continue WATER (250ml per hour) unt	
Fasting includes lollies, chewing gum and smoking	