javascript:void(0);

Algorithms	Atrial Fibrillation
Anticoagulant Dosing In Atrial Fibrillation	Autai Fibriliation
Perioperative Anticoagulant Management Algorithm	Is the patient stable or unstable?
Acute Management	Click here for definitions.
Pulmonary Embolism Management	Stable Unstable — AF causing persistent hypotension
Atrial Fibrillation	
Deep Vein Thrombosis	Unstable — AF causing cardiac ischemia
Calculators	Unstable — AF causing pulmonary edema
CHADS2 Score for Atrial Fibrillation Stroke Risk	Please enter patient's age:
CHA2DS2-VASc Score for Atrial Fibrillation Stroke Risk	
Creatinine Clearance (Cockcroft-Gault Equation)	
HAS-BLED Score for Major Bleeding Risk	Please enter patient's weight:
PERC Rule for Pulmonary Embolism	Kg
Pulmonary Embolism Severity Index (PESI)	Lb
Simplified PESI (Pulmonary Embolism Severity Index)	
TIMI Risk Score for UA/NSTEMI	Patient's gender:
TIMI Risk Score for STEMI	
Wells' Criteria for DVT	Male
Wells' Criteria for Pulmonary Embolism / PE	Female
	Serum Creatinine
	(µmol/L)
	Please select all that apply.
	AF duration < 48 hr
	AF duration > 48 hr or unknown
	Therangutic OAC > 3 weeks

Algorithms Anticoagulant Dosing In Atrial Fibrillation Perioperative Anticoagulant Management Algorithm **Acute Management** Pulmonary Embolism Management **Atrial Fibrillation** Deep Vein Thrombosis Calculators CHADS2 Score for Atrial Fibrillation Stroke Risk CHA2DS2-VASc Score for Atrial Fibrillation Stroke Risk Creatinine Clearance (Cockcroft-Gault Equation) HAS-BLED Score for Major Bleeding Risk PERC Rule for Pulmonary Embolism Pulmonary Embolism Severity Index (PESI) Simplified PESI (Pulmonary Embolism Severity Index) TIMI Risk Score for UA/NSTEMI TIMI Risk Score for STEMI

	or unstable?			
here for definition	ons.			
Stable				
Unstable — AF	causing persiste	ent hypotension		
Unstable — AF	causing cardiac	ischemia		
Unstable — AF	causing pulmon	nary edema		
Por electionness of the second	Low Risk onset <48 hours, or operation of the construction of the	ate control or cardioversion (CV) is coagulant (NOAC) or a dose of hep CAD, coronary artery disease; CH	control Trans-esophageal echocardiography (TEE) guided CV Antithrombotic therapy Inti ED and continue for 24 weeks Early follow-up to review long-term OAC Learly for patients who present or the ED. I firmediate OAC = a do arin or fow melocular weight hep-ADS ₂ , Congestive Heart Failure.	Unstable — AF causing: 1. Hypotension, or 2. Cardiac ischemia, or 3. Pulmonary edema Consider urgent electrical CV if rate control not effective Antithrombotic therapy Initiate immediate OAC1 in ED and continue for 24 weeks if any high-risk* features present* (see box above) Early follow-up to review long-term OAC or the emergiency department (ED) with see of OAC should be given just before aim with bridging to warfarin if a NOAC hypertension, Ago, Dilabetes, Stroke/

Wells' Criteria for DVT
Wells' Criteria for Pulmonary

Embolism / PE

Previous Stroke	
TIA	
None of the above	
Patient Summany	
Patient Summary Patient age: 55	
Weight: 56 kg (123 lbs)	
CHADS ₂ : 1	
Serum creatinine: 152	
Creatinine Clearance: 38.47	
History of macrovascular disease: No	
Recommendation*	
Anticoagulant Dosing In Atrial Fibrillation	
 Dabigatran 150 mg twice daily, may be reduced to 110 mg twice daily if other risks for bleeding exist, or 	
Rivaroxaban 15 mg once daily, or	
Apixaban 2.5 mg twice daily, or Warfarin to achieve INR between 2-3	
*The cost of medication to the patient and/or insurance may be a consideration.	
RESOURCES:	
2014 Focused Update of the CCS Guidelines for the Management of Atrial Fibrillation	
Thrombosis Canada Anticoagulation Dosing in Atrial Fibrillation interactive algorithm	
Thrombosis Canada Clinical Guides	
Which antithrombotic therapy will you be prescribing to your patient?	
 Dabigatran 150 mg twice daily, may be reduced to 110 mg twice daily if other risks for bleeding exist 	
Rivaroxaban 15 mg once daily	
Apixaban 2.5 mg twice daily	
Warfarin to achieve INR between 2-3	
Other	

Will as her very noticed underes conditions and

PATIENT PROFILE AND TREATMENT

October 1, 2015

Summary of Patient Profile			
Age	55		
Weight	56 kg (123 lbs)		
Gender	Male		
Patient Assessment and Status			
Stable?	Stable		
Stroke risk factors	Stroke/TIA < 6 months		
Risk for stroke	High Risk		
Special population	None		
Serum creatinine (µmol/L)	152		
Other bleeding risks	Congestive heart failure history		
Creatinine clearance (mL/min)	38.47		
CHADS ₂ score (1)	1		
CHADS ₂ -VASc score (1)	1		

Recommendations

Optimized rate control and antithrombotic therapy:

- Dabigatran 150 mg twice daily, may be reduced to 110 mg twice daily if other risks for bleeding exist, or
- Rivaroxaban 15 mg once daily, or
 Apixaban 2.5 mg twice daily, or
- Warfarin to achieve INR between 2-3

Treatment

Cardioversion?

Yes

Therapy prescribed

 Dabigatran 150 mg twice daily, may be reduced to 110 mg twice daily if other risks for bleeding exist

Other Comments

For more information

2014 Focused Update of the Canadian Cardiovascular Society Guidelines for the Management of Atrial Fibrillation

http://www.onlinecjc.ca/article/S0828-282X(14)01249-5/pdf

Thrombosis Canada Interactive Algorithms and Calculators

http://thrombosiscanada.ca/?page_id=502

Thrombosis Canada Clinical Guides

http://thrombosiscanada.ca/?page_id=18

Algorithms	
Anticoagulant Dosing In Atrial Fibrillation	Pulmonary Embolism Management
Perioperative Anticoagulant Management Algorithm	Is the patient stable or unstable?
Acute Management	Click here for definition
Pulmonary Embolism Management	Stable Unstable (persistent hemodynamic instability OR shock)
Atrial Fibrillation	Chotable (personer nemodynamic instability of chock)
Deep Vein Thrombosis	Please enter patient's age:
Calculators	
CHADS2 Score for Atrial Fibrillation Stroke Risk	
CHA2DS2-VASc Score for Atrial Fibrillation Stroke Risk	Please enter patient's weight:
Creatinine Clearance (Cockcroft-Gault Equation)	Кд
HAS-BLED Score for Major Bleeding Risk	
PERC Rule for Pulmonary Embolism	Lb
Pulmonary Embolism Severity Index (PESI)	
Simplified PESI (Pulmonary Embolism Severity Index)	Patient's gender:
TIMI Risk Score for UA/NSTEMI	Male
TIMI Risk Score for STEMI	Female
Wells' Criteria for DVT	Serum Creatinine
Wells' Criteria for Pulmonary Embolism / PE	(μmol/L)
	Please select all that apply to the patient. Active cancer Significant hepatic disease (eg. Acute clinical hepatitis, chronic active hepatitis, liver cirrhosis) Creatinine clearance < 30 mL/min
	Pregnancy/lactation

Movel Oral Anticoagulant (MOAC), drug interactions (certain medications for seizure, TR, HIV

Algorithms	Dans Vain Thursday in
Anticoagulant Dosing In Atrial Fibrillation	Deep Vein Thrombosis
Perioperative Anticoagulant Management Algorithm	Does the patient have massive iliofemoral DVT (eg phlegmasia)?
Acute Management	Yes
Pulmonary Embolism Management	No
Atrial Fibrillation	Please enter patient's age:
Deep Vein Thrombosis	The second function age.
Calculators	55
CHADS2 Score for Atrial Fibrillation Stroke Risk	
CHA2DS2-VASc Score for Atrial Fibrillation Stroke Risk	Please enter patient's weight:
Creatinine Clearance (Cockcroft-Gault Equation)	Kg 56
HAS-BLED Score for Major Bleeding Risk	Lb
PERC Rule for Pulmonary Embolism	123
Pulmonary Embolism Severity Index (PESI)	Patient's gender:
Simplified PESI (Pulmonary Embolism Severity Index)	Male
TIMI Risk Score for UA/NSTEMI	Female
TIMI Risk Score for STEMI	
Wells' Criteria for DVT	Serum Creatinine
Wells' Criteria for Pulmonary Embolism / PE	(μmol/L)
	Please select all that apply to the patient. Active cancer Significant hepatic disease (eg. Acute clinical hepatitis, chronic active hepatitis, liver cirrhosis) Creatinine clearance < 30 mL/min Upper extremity DVT

Novel Oral Anticoagulant (NOAC)-drug interactions (certain medications for seizure, TB, HIV, fungal infections, cancer and others. See Product Monograph)