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

Wells' Criteria for DVT

Wells' Criteria for Pulmonary Embolism / PE

Atrial Fibrillation

Is the patient stable or unstable?

Click here for definitions.

- ☑ Stable
- ☐ Unstable — AF causing persistent hypotension
- ☐ Unstable — AF causing cardiac ischemia
- ☐ Unstable — AF causing pulmonary edema

Please enter patient's age:

Please enter patient's weight:

Kg

Lb

Patient's gender:

- ○ Male
- ○ Female

Serum Creatinine

(µmol/L)

Please select all that apply.

- ☐ AF duration < 48 hr
- ☐ AF duration > 48 hr or unknown
- ☐ Therapeutic OAC > 3 weeks

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Click here for definitions.

☐ Stable

☐ Unstable — AF causing persistent hypotension

☐ Unstable — AF causing cardiac ischemia
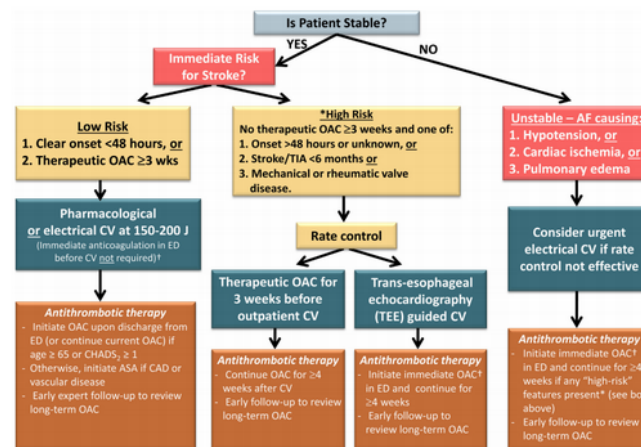
☐ Unstable — AF causing pulmonary edema

Figure 2. Decision algorithm for management of oral anticoagulation (OAC) therapy for patients who present to the emergency department (ED) with recent-onset atrial fibrillation (AF) requiring rate control or cardioversion (CV) in the ED. † Immediate OAC = a dose of OAC should be given just before cardioversion; either a novel direct oral anticoagulant (NOAC) or a dose of heparin or low molecular weight heparin with bridging to warfarin if a NOAC is contraindicated. ASA, acetylsalicylic acid; CAD, coronary artery disease; CHADS₂, Congestive Heart Failure, Hypertension, Age, Diabetes, Stroke/Transient Ischemic Attack; TIA, transient ischemic attack.

Close

2014 Focused Update of the CCS Guidelines for the Management of Atrial Fibrillation

☐ Previous Stroke

☐ TIA

☐ None of the above

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 or has your patient undergo cardioversion?

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
CHADS$_2$-VASc score ⓘ	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

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Pulmonary Embolism Management

Is the patient stable or unstable?

Click here for definition

(●) Stable

(○) Unstable (persistent hemodynamic instability OR shock)

Please enter patient's age:

Please enter patient's weight:

Kg

Lb

Patient's gender:

(○) Male

(○) Female

Serum Creatinine

(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

[ ] Novel Oral Anticoagulant (NOAC) drug interactions (certain medications for seizure, TB, HIV

Algorithms

Deep Vein Thrombosis

Does the patient have massive iliofemoral DVT (eg phlegmasia)?

○ Yes

● No

Please enter patient's age:

55

Please enter patient's weight:

Kg

56

Lb

123

Patient's gender:

● Male

○ Female

Serum Creatinine

(µmol/L)

120

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)