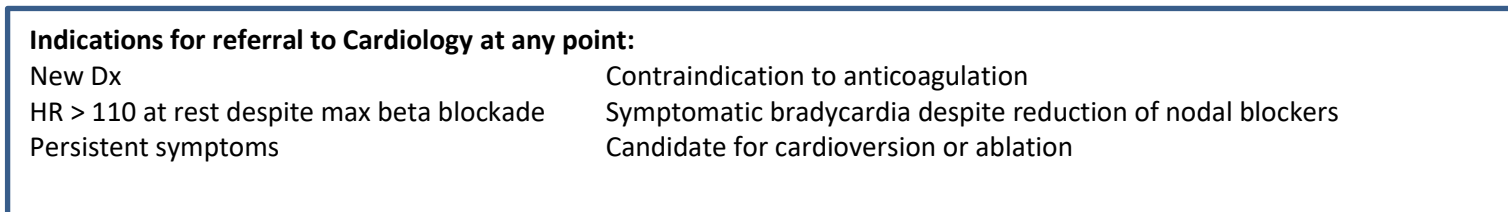
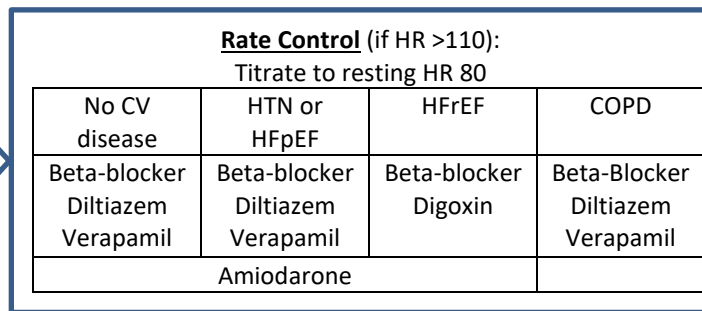
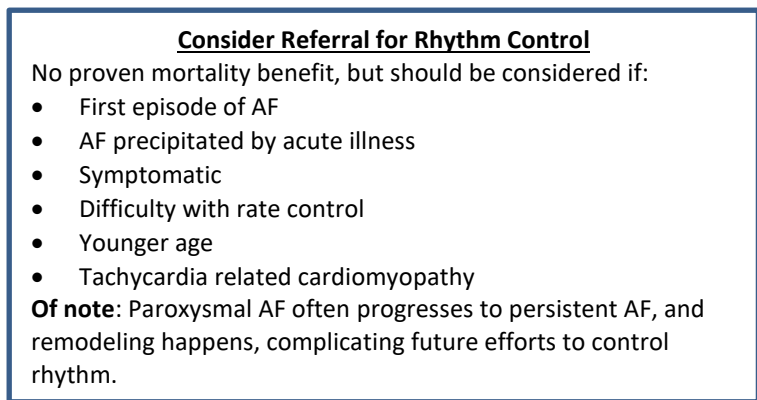
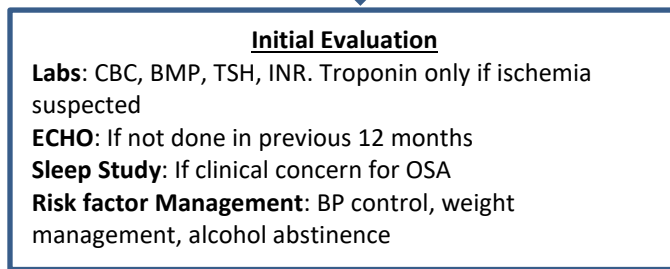
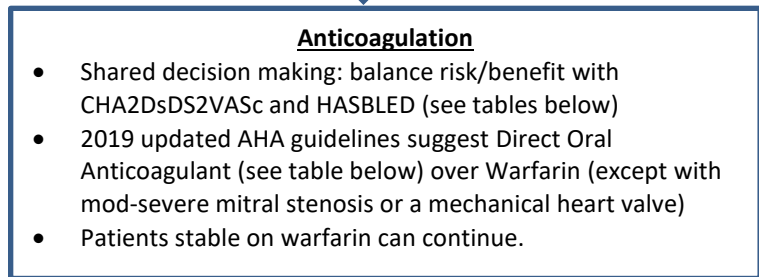
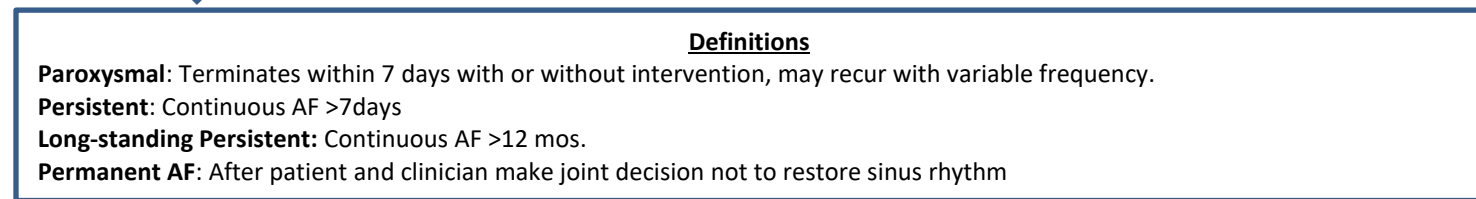
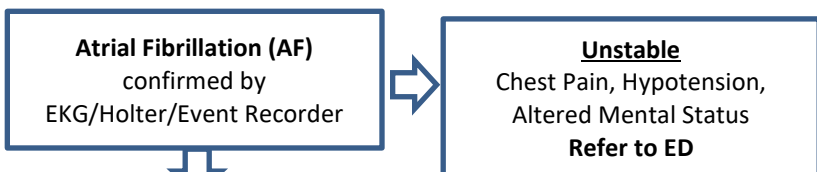




Atrial Fibrillation Clinical Collaboration Guide

Right patient, right service, right time

Last Reviewed: January 2024 – FINAL	
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CHA ₂ DS ₂ VASc	Points
CHF	1
HTN	1
Age>75	2
Diabetes	1
Prior CVA or TIA	2
Vascular Disease	1
Age 65-74	1
Female	1

0= low risk, no anticoag
 1= low-mod risk, consider anticoag
 ≥2 men, ≥3 in women= high risk, anticoag or consider other options

CHA2DS	Stroke Risk (%/year)
0	0
1	1.3
2	2.2
3	3.2
4	4.0
5	6.7
6	9.8
7	9.6
8	6.7
9	15.2

HASBLED	Points
SBP >160mm	1
Elevated Creat/AST/ALT	1 or 2
CVA	1
Bleeding Hx	1
Labile INR (<60% time therapeutic)	1
Age >65	1
Drugs (NSAID/AntiPlatelet) or EtOH >8 per week	1 or 2

Score > 3 Consider alternatives to anticoagulation.

HAS-BLED Score	Bleeds/100 Pt-years
0	1.13
1	1.02
2	1.88
3	3.74
4	8.70
5	12.5

Score ≥3 indicates higher risk of bleeding

Direct Acting Oral Anticoagulant Properties

	Dabigatran (Pradaxa)		Rivaroxaban (Xarelto)		Apixaban (Eliquis)	
Mechanism	Thrombin inhib.		Factor Xa inhib.		Xa inhib.	
Frequency	BID		Daily		BID	
½ life	17 hours (multiple doses) 7-9 (single dose)		9 hours healthy 12 hours elderly		12 hours	
Reversible	Yes (Idaricuzmab)		Yes (Andexanet alpha)		Yes (Andexanet alpha)	
Dosing	CrCl>30: 150mg BID		CrCl > 50: 20mg QHS		5mg BID	
	15-30: 75 mg BID		30-50: 15mg QHS		2.5mg BID if 2/3: Cr ≥1.5, >80 y/o, or weight ≤60Kg.	
	<15: Not Recc.		<15: Not Recc.			
Days to Hold Prior to Procedure	Low Risk	High Risk	Low Risk	High Risk	Low Risk	High Risk
	CrCl >50: 1 d	2 d	CrCl >50: 1d	2d	CrCl >50: 1d	2d
	30-50: 2d	4 d	30-50: 1d	2d	30-50: 2d	3d
	<30: 4d	>5 d	<30: 2d	3d	<50: 2d	3d
Other	Small signal for MI risk Dyspepsia in 10%				Less GI bleeding risk than others	

Management of supratherapeutic INR without significant bleeding:

< 4.5	Decrease or hold dosage and increase frequency of monitoring	
4.5-10	Hold 1-2 doses, monitor and resume lower dose. No Vitamin K unless significant bleeding risk (previous bleeding, post-op, malignancy)	
> 10	Hold Warfarin, give Vitamin K Resume at lower dose once therapeutic	

Disclaimer: No guideline can anticipate all the unique circumstances of patient care, and as such, there are times when good clinical judgement will result in and require deviation from this guideline. In those settings, the reason for such deviation from this guideline should be documented in the medical record.

Contact: If you have questions or comments about this guide or are interested in the development of future collaboration guides, please email LHP medical director Albert Chaffin, M.D., at achaffin@lhs.org.

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