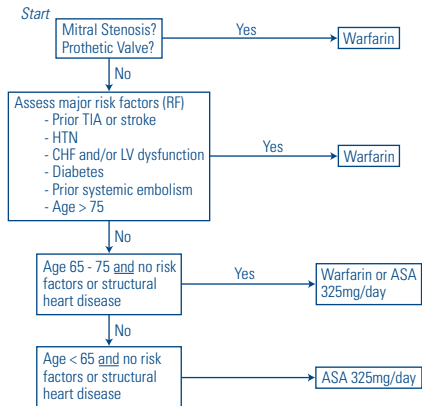


CARDIOVASCULAR CENTER POCKET GUIDE
Use of Warfarin in Thrombotic Cardiovascular Disease

Anticoagulation for Atrial Fibrillation/Atrial Flutter

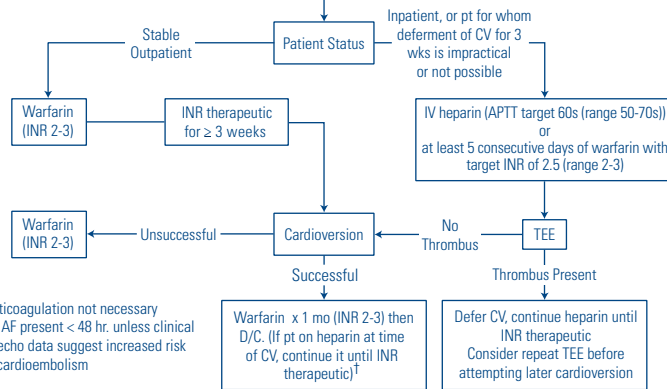


Use of Heparin in New-Onset Atrial Fibrillation (AF)

- Hospitalized pts with unfractionated heparin (target APTT 50-70s) to facilitate potential cardioversion prior to discharge
- If warfarin is started and pt is discharged from hospital in AF or is an outpatient, consider Low Molecular Weight Heparin (LMWH) until INR therapeutic if ≥ 1 of following risk factors are present:
 - Intracardiac clot or history of cardioembolism
 - Mitral stenosis
 - Mechanical heart valve
 - CHF
 - LVEF < 35%, LA > 5 cm, or spontaneous echo contrast present

Anticoagulation for Elective Cardioversion (CV) of Atrial Fibrillation/Atrial Flutter

AF present for > 2 days*



*Anticoagulation not necessary for AF present < 48 hr, unless clinical or echo data suggest increased risk of cardioembolism

†Continuation of anticoagulation beyond 4 weeks is based on whether the patient has experienced more than one episode of atrial fib/flutter and/or their risk factor status.

Faculty Lead: DB Dyke, J Froehlich

Reference: *Chest*: Volume 126/Number 3 Supplement/Sept. 2004

REV: 01/05; ANT

Anticoagulation for Mechanical Prosthetic Heart Valves

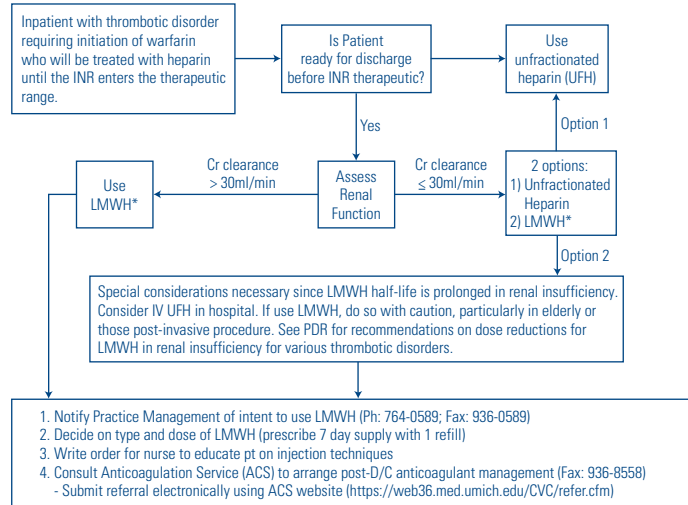
Valve Type	Target INR
<i>Bileaflet or tilting disk</i>	
Aortic	2.5 (range 2.0 - 3.0)*†
Mitral	3.0 (range 2.5 - 3.5)†
<i>Caged ball or disk</i>	
Aortic or Mitral	3.0 (range 2.5 - 3.5) + ASA 81mg

* Assumes pt in sinus rhythm w/nl LA and LV size/function. If not, use target INR 3.0 (range 2.5 - 3.5).

† For pts w/multiple prosthetic valves, history of thromboembolism, intracardiac thrombus, AF, MI, endocardial damage, enlarged LA, or LV dysfunction, target INR of 3.0 (range 2.5-3.5) and ASA 81mg/day.

Use of LMWH to Accelerate Hospital Discharge

Start



*Above decision-tree based on treatment with Enoxaparin. Use with caution in high risk individuals, such as severe renal impairment, extreme obesity, low-weight patients, and mechanical prosthetic heart valves. Obtain anti-factor Xa level 2-4 days after starting (draw 4 hours post-injection). Discuss case with anticoagulation service by phone at least 1 day prior to discharge.

Anticoagulation Unit Consultation: Phone: 734-998-6944 Fax: 734-998-6945

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