

# Anticoagulation Treatment Algorithm for Non-Valvular Atrial Fibrillation

Assess stroke risk factors by **CHA2DS2-VASc** Score:  
 (2 each): Age >75, prior Stroke/TIA  
 (1 each): CHF, DM, HTN, Vascular disease, age 65-74, Female

Score > 1 needs  
Coumadin or Pradaxa

Score 1 needs Coumadin or  
ASA (Coumadin preferred)

Score 0 needs no Rx

Assess risk of bleeding by **HAS-BLED** score, (1 each):  
 HTN, abnormal renal/liver function, stroke, bleeding, labile INRs,  
 age >65, drugs (NSAID/ ASA/ Plavix etc.)

**HAS-BLED** Score >2 indicates high risk:  
caution and regular review needed

**HAS-BLED** Score 2 or less

**CHA2DS2-VASc**  
Score >2

**CHA2DS2-VASc**  
Score 2 or less

**CHA2DS2-VASc**  
Score 2 or less

**CHA2DS2-VASc**  
Score >2

**Coumadin  
High Intensity  
monitoring**

Good PT INR  
control,  
> 57 %

Poor PT INR  
control,  
< 57 %

Less than  
excellent PT INR  
control, < 76%

Excellent PT INR  
control,  
> 76 %

**Pradaxa 150 mg BID;  
75 mg BID for  
CrCl 15-30 mL/min  
(measure if Cr > normal)**

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Standing order for pts on Pradaxa:  
CBC / CMP q 3 months

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Coumadin with PT  
INR goal of 2-3;  
Regular Monitoring

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- Standing order for patients on **Coumadin High Intensity Monitor**: PT INR q 1 month, CBC q 2 months, CMP q 2 months
- Patient education: Coumadin drug/food interaction booklet
- Coumadin Patient Registry: cell # & emergency contact consent

- Regular Monitoring of Coumadin:
- PT INR q 1 month until stable, then q 1-2 months
  - CBC / CMP q 4 months + Education

## References

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