AMERICAN COLLEGE *of* CARDIOLOGY

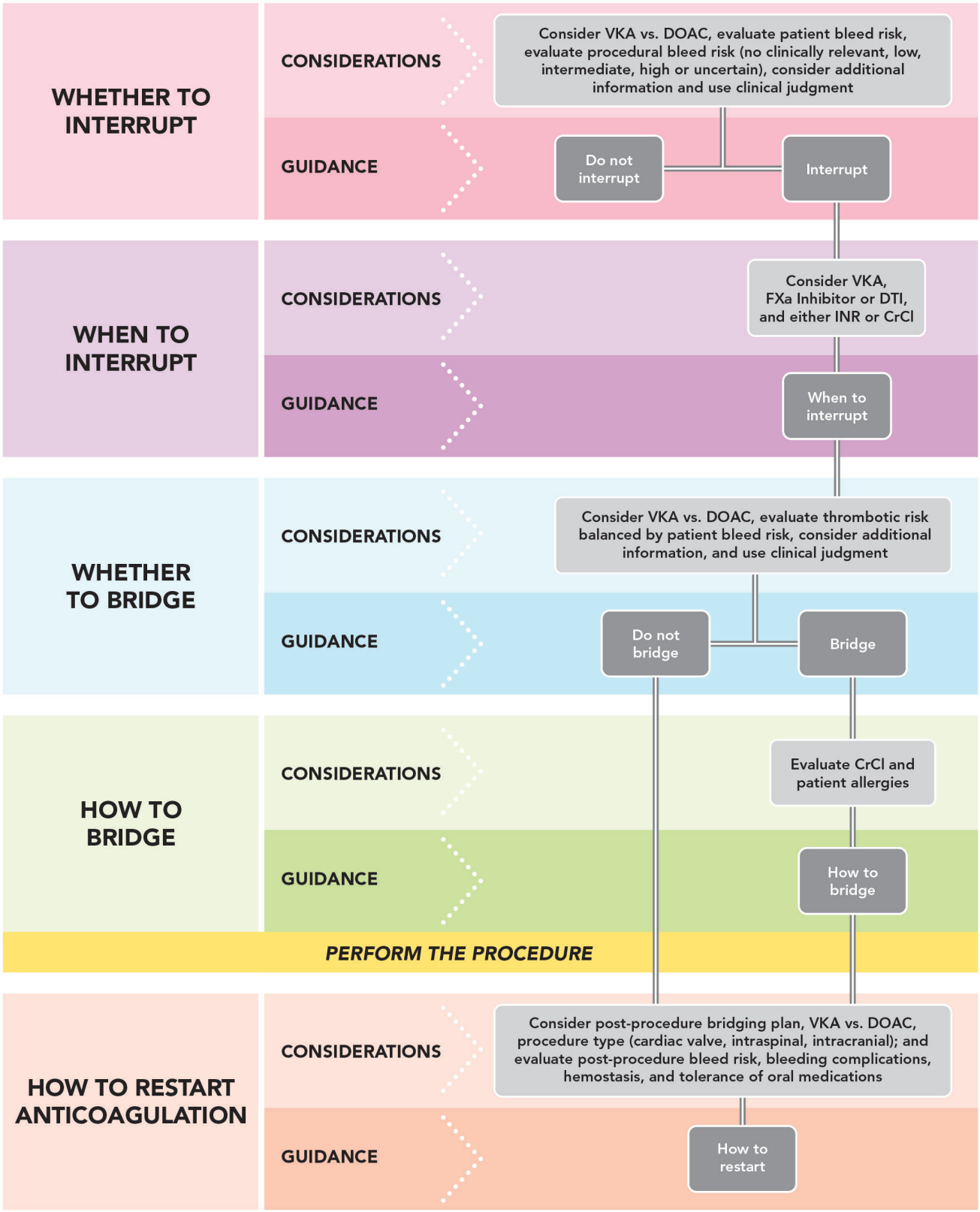
2017 ACC Expert Consensus Decision Pathway

For Periprocedural Management of Anticoagulation in Patients With Nonvalvular Atrial Fibrillation

ALGORITHMS FOR CONSIDERATION

To access the **full document**, please scan this QR code or visit ***ACC.org/PMACDecisionPathway***

FIGURE 1.
Periprocedural Management of Anticoagulation (PMAC) Pathway Decision Algorithm Summary Graphic



CrCl = creatinine clearance; DOAC = direct oral anticoagulent; DTI = direct thrombin inhibitor
FXa = factor Xa; INR = international normalized ratio; VKA = vitamin K antagonist

FIGURE 2.
Detailed Algorithm: Whether to Interrupt and How to Interrupt for VKAs

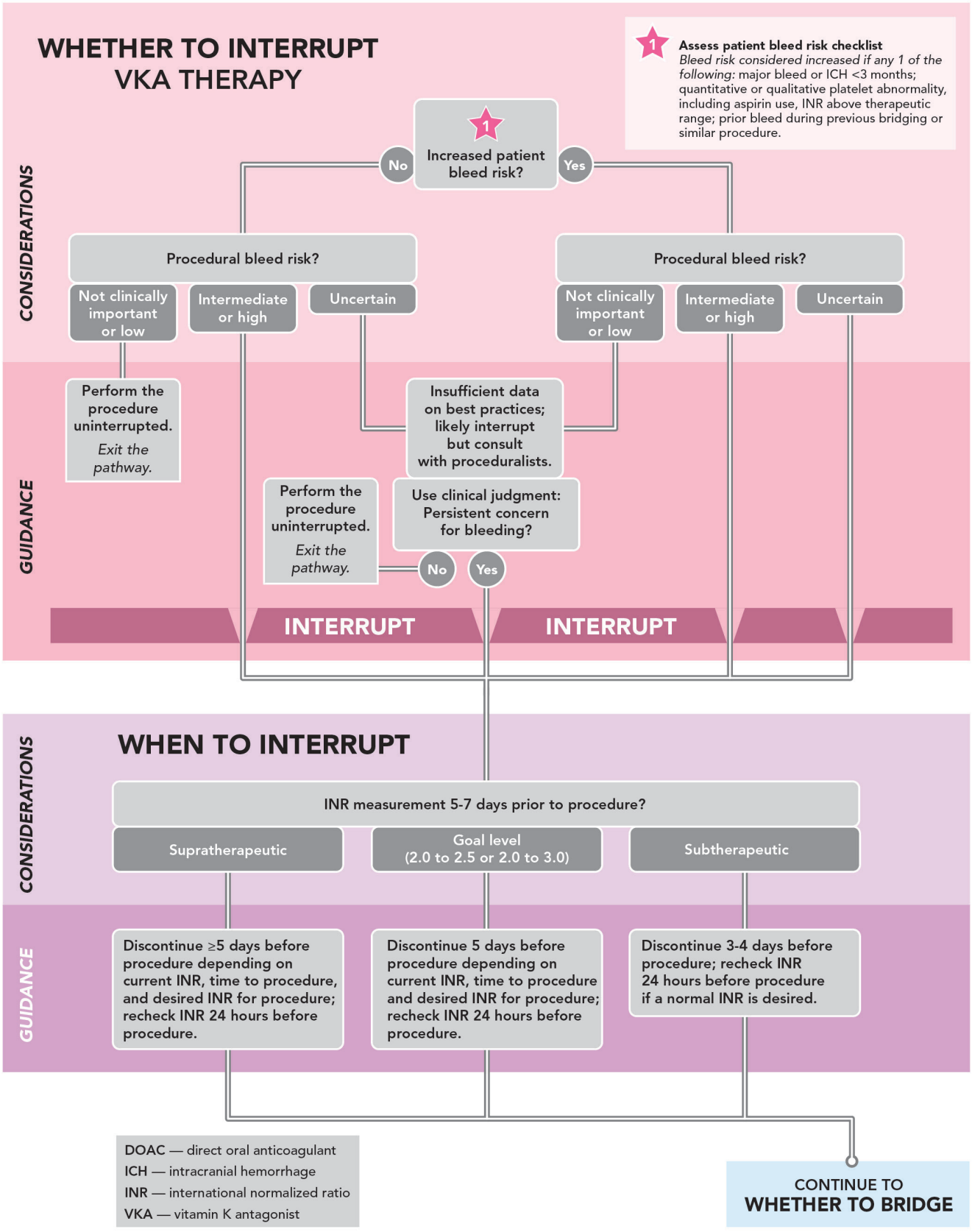


FIGURE 3.
Detailed Algorithm: Whether to Interrupt and How to Interrupt for DOACs

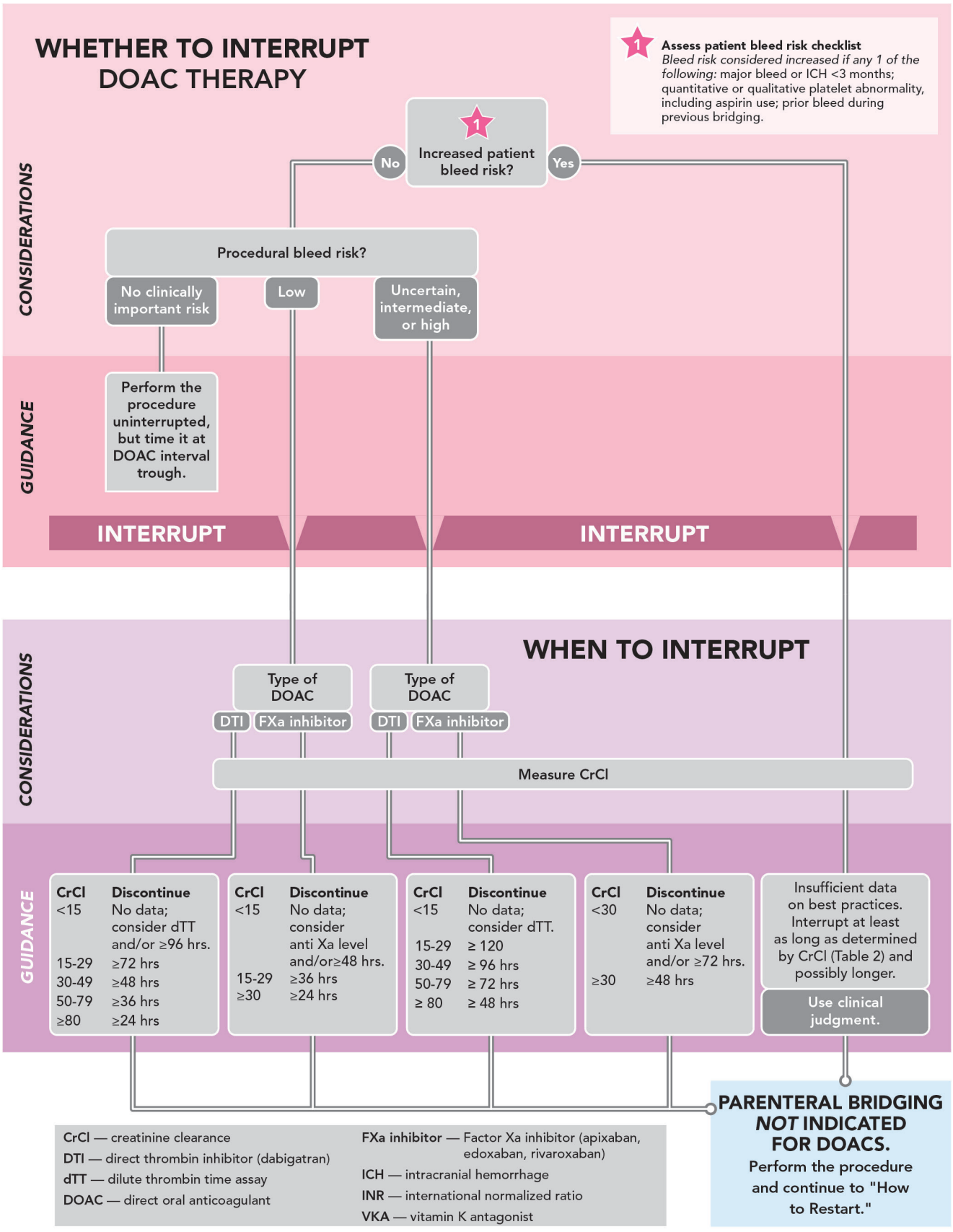
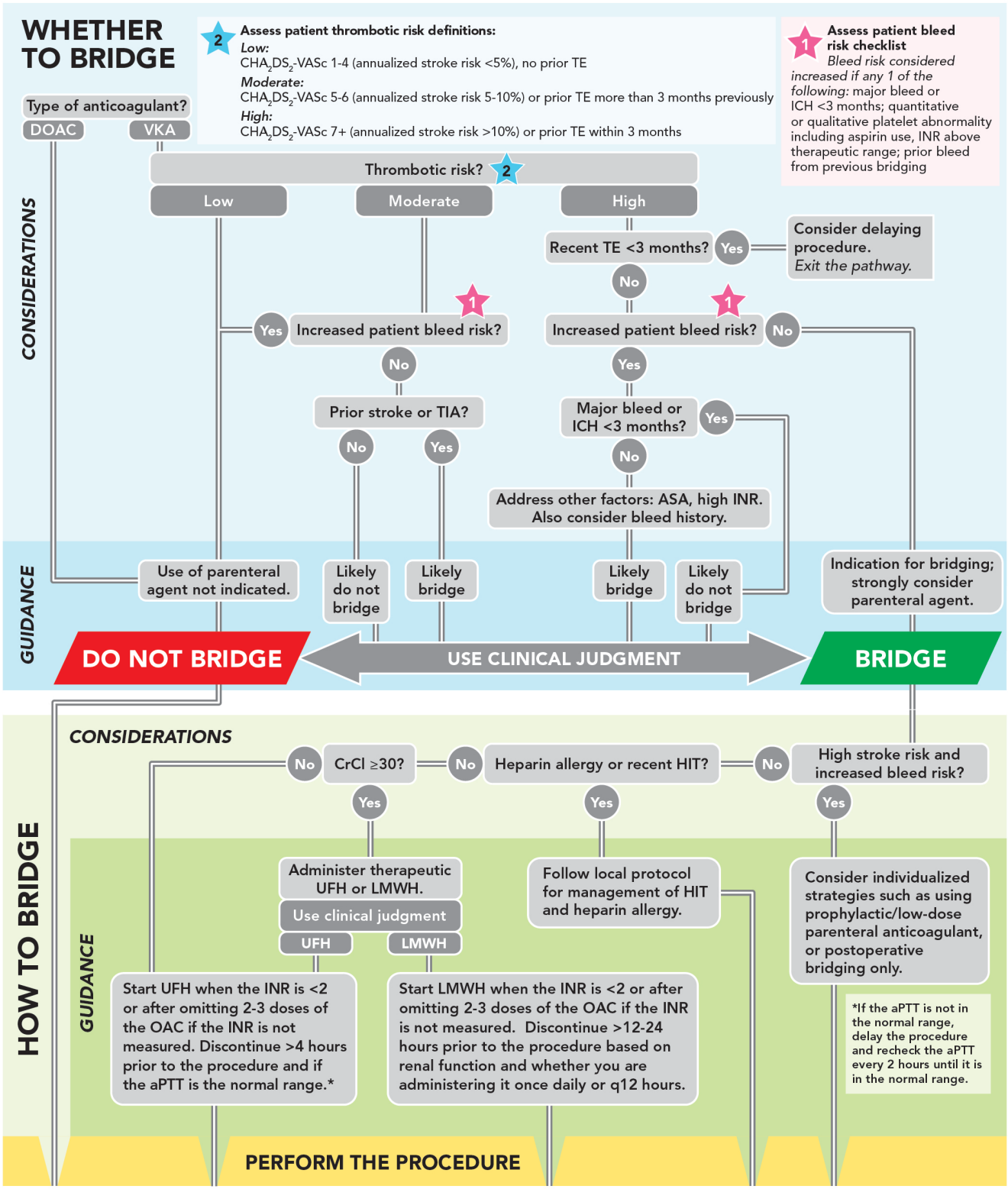
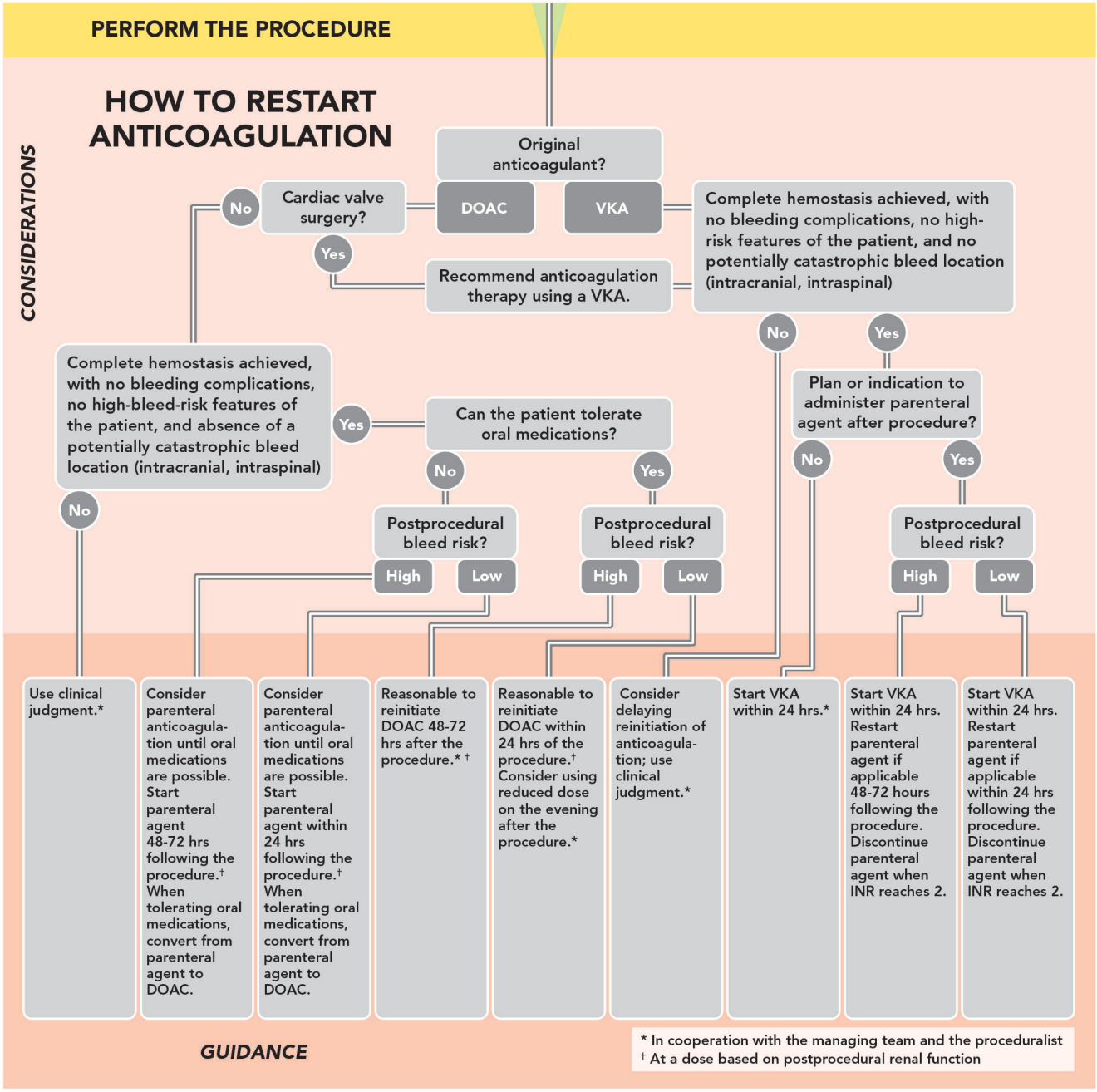


FIGURE 4.
Detailed Algorithm: Whether to Bridge and How to Bridge for DOACs and VKAs



aPTT – activated partial thromboplastin time assay; **ASA** – acetylsalicylic acid (aspirin); **DOAC** – direct oral anticoagulant; **HIT** – heparin-induced thrombocytopenia; **ICH** – intracranial hemorrhage; **INR** – international normalized ratio; **LMWH** – low-molecular-weight heparin; **OAC** – oral anticoagulation; **TE** – thromboembolic event; **TIA** – transient ischemic attack; **UFH** – unfractionated heparin; **VKA** – vitamin K antagonist

FIGURE 5.
Detailed Algorithm: How to Restart Anticoagulation



DOAC — direct oral anticoagulant
INR — international normalized ratio
VKA — vitamin K antagonist

Expert Consensus Decision Pathways

ACC has modernized Expert Consensus Documents to target key points of care with concise decision pathways rather that the traditional longer documents. These newly rebranded Expert Consensus Decision Pathways (ECDPs) leverage the expert insights drawn from a multidisciplinary group of experts and relevant stakeholders who are convened for Roundtables and Think Tanks often held as part of ACC quality programs.

ECDPs are intended to provide guidance for clinicians in areas where evidence may be limited, new and evolving, or lack sufficient data to fully inform clinical decision making. They include algorithms and/or checklists that are more actionable and can be translated into tools or apps to further accelerate the use of ACC clinical policy at point of care.

Translated Into Clinical Apps

BridgeAnticoag App

This app supports clinicians across specialties in safely managing anticoagulation around an invasive procedure for NVAF patients. The app calculates patient and procedural risk to provide individualized advice that balances bleed and stroke risk.

Use the app to assess whether and how to:

- Interrupt anticoagulation
- Bridge anticoagulation
- Restart anticoagulation

Email yourself a detailed report of the app assessment.

Search “BridgeAnticoag” on the web or in your app store to download the app for free.

To access other relevant ACC mobile tools and apps, visit *ACC.org/Apps*