

Cardiac EP Service Recommendations for Anticoagulation prior to Cardioversion

1. Warfarin with INR ≥ 2.0 or Pradaxa 150mg BID or Xarelto 20mg daily or Eliquis 5mg BID for at least 21 consecutive days prior to procedure.
 - a. If question/concern of patient medical compliance or any known missed doses with DOAC, recommend low threshold for performing TEE guided DCCV.
 - b. Renal dose of:
 - i. Pradaxa 75mg BID for Cr Cl 15-30
 - ii. Xarelto 15mg QD for Cr Cl 15-50
 - iii. Eliquis 2.5mg if 2 of the 3: age >80 years, Creatinine >1.5, weight <60kg
2. If sub-therapeutic anticoagulation (INR <2.0 or not on DOAC 21 consecutive days), then patient will need TEE prior to cardioversion.
 - a. TEE outcome and plan of care based on TEE MD findings:
 - i. Need for 3 weeks of anticoagulation with or without repeat TEE at time of future cardioversion will be determined by patient care team
3. If patient presents with clearly defined onset of arrhythmia <48 hours, then DCCV can be performed without TEE.
4. Treat with anticoagulation for a minimum of 1 month post cardioversion and long-term per risk stratification using CHA2DS2 VASc score.
5. Patients who undergo TEE guided DCCV should be anti-coagulated at the time of TEE guided DCCV. It is recommended to start anticoagulation at the time the decision was made to proceed with TEE guided Cardioversion.
 - a. Started on Warfarin and IV heparin with therapeutic level prior to TEE/cardioversion and continued until INR ≥ 2.0
 - i. Therapeutic heparin level 0.3-0.5 or
 - ii. Therapeutic APTT level >55
 1. based on ACUTE trial: PTT 1.5-2.5 times the control, ANW control value 27-35
 - b. Started on Warfarin with Lovenox 1mg/kg SQ Q12h. Lovenox bridge until INR ≥ 2.0
 - i. Minimum of first dose of Lovenox 2 hours prior to procedure
 - ii. If possible, 2-3 doses of Lovenox prior to the TEE/DCCV (allows for steady state)
 - c. Pradaxa 75-150mg BID (no heparin bridge necessary)
 - i. Minimum of first dose of Pradaxa 2 hours prior to TEE/DCCV (caution use with NPO status due to GI upset)
 - ii. When possible 2-3 days of Pradaxa prior to TEE/DCCV (allows for steady state)
 - d. Xarelto 15-20mg QD (no heparin bridge necessary)
 - i. Minimum of first dose of Xarelto 2 hours prior to TEE/DCCV (contraindicated to start/give dose with NPO status due to bio-availability concerns)
 - ii. When possible 2-3 days of Xarelto prior to TEE/DCCV (allows for steady state)
 - e. Eliquis 2.5-5mg BID (no heparin bridge necessary)
 - i. Minimum of first dose of Eliquis 2 hours prior to TEE/DCCV
 - ii. When possible 2-3 days of Eliquis prior to TEE/DCCV (allows for steady state)