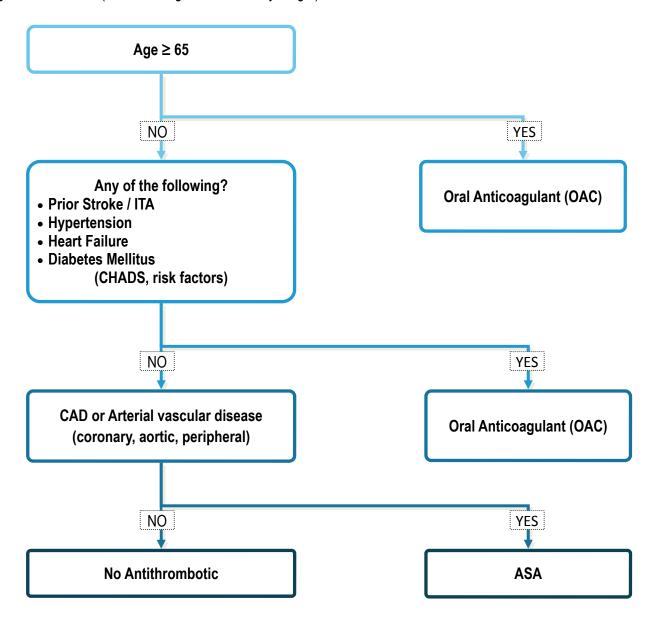
## The "CCS Algorithm" FOR OAC Therapy in AF

PRACTICE POINTS: Consider and modify (if possible) all factors influencing risk of bleeding on OAC (hypertension, antiplatelet drugs, NSAIDs, excessive alcohol, labile INRs) and specifically bleeding risks for NOACs (low eGFR, age ≥ 75, low body weight)\*\*



## **Duration of Anticoagulation after DVT/PE**

PRACTICE POINTS: Typical Provoking factors -> • a post operative state or trauma (within 4 weeks) • immobilization >3 days (casting) Risk of major bleeding on hospitalization, bed ridden) active malignancy peripherally inserted central catheter (PICC) or central venous access device (CVAD) anticoagulation ~0.9-2% per vear

