VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE
Anticoagulation in Atrial Fibrillation after Acute Stroke

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

There is limited literature in Neurology regarding the timing of initiation of anticoagulation in the setting of acute ischemic stroke and atrial fibrillation (non-valvular). The risk of hemorrhagic transformation of an acute ischemic stroke due to cardioembolism is about 9 % in the first 4 days and then 4 % from 7-90days based on studies. The risk of recurrent thromboembolism is about 4.8 % within the first 48 hours after an acute cardioembolic ischemic stroke and it goes up to 7.6% at 14 – 90 days warranting anticoagulation during this period.

Moreover, starting oral anticoagulation without heparin is recommended due to less hemorrhagic complications.

Based on a recent review article from Thrombosis and Homeostasis and Stroke Journal, the following treatment guidelines is proposed based on available evidence for the management of atrial fibrillation and acute stroke in the hospital setting.

Proposed Treatment Guidelines

Aspirin 325 mg within first 24 hours of acute ischemic cardioembolic stroke (if no bleed on CT and/or MRI brain) if patient did not receive thrombolysis (IV tpa or mechanical clot removal)

- Small size stroke - start anticoagulation about 3-4 days after initial stroke
- Medium size stroke - start anticoagulation about 7 days after stroke
- Large size stroke – start anticoagulation about 14 days after stroke

Stroke Size Definition

Small size stroke - < 1.5 cm size stroke approximately in anterior or posterior circulation

Medium size stroke - > 1.5 cm but less than half of the MCA/ACA territory

Large size stroke – More than half of the MCA/ACA territory or any size stroke beyond 1.5 cm in the posterior circulation (cerebellum and brainstem)

Approval:
Medicine 04/2017
MEC: 05/2017
Oversight: 05/2017