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)**

The “CCS Algorithm” FOR OAC Therapy in AF

Age ≥ 65

- NO
  - Any of the following?
    - Prior Stroke / ITA
    - Hypertension
    - Heart Failure
    - Diabetes Mellitus (CHADS, risk factors)
  - NO
    - CAD or Arterial vascular disease (coronary, aortic, peripheral)
    - NO
      - No Antithrombotic
    - YES
      - Oral Anticoagulant (OAC)
  - YES
    - Oral Anticoagulant (OAC)

- YES
  - Oral Anticoagulant (OAC)


Pathways are subject to clinical judgment and actual practice patterns may not always follow the proposed steps in this pathway.