PlabLab

PLAB 1 & UKMLA

SESSION 02

The forty-eight hour rule

Your three-gate routine for anticoagulation around elective cardioversion.

Screenshot this sheet

GATE 1 Onset 48 hours or more, or unknown?

Elective cardioversion needs cover first.

DO THIS FIRST

Anticoagulate for at least 3 weeks, or image the appendage, before elective cardioversion.

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GATE 2 Score CHA2DS2-VASc.

Aspirin is not the answer.

TWO OR MORE

Offer anticoagulation. A DOAC is first-line.

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GATE 3 After cardioversion: how long?

Sinus rhythm does not switch off the risk.

THEN

Anticoagulate for at least 4 weeks, even if the score is low. Then apply the score for long-term therapy.

CLOCK 1
Before elective cardioversion. **3 weeks, or image the appendage.**

SCORE
CHA2DS2-VASc. **Two or more: offer a DOAC.**

CLOCK 2
After cardioversion. **At least 4 weeks, even if the score is low.**

TEACHING NOTES

- **The clock:** onset of 48 hours or more, or unknown onset, means cardioversion waits until the patient has at least 3 weeks of anticoagulation, or the appendage has been imaged.
- **The score:** CHA2DS2-VASc of two or more means offer anticoagulation. A DOAC is first-line.
- **Aspirin:** aspirin is not the appropriate choice here; a DOAC is the better, newer alternative for this window. Aspirin is not adequate stroke prevention in atrial fibrillation.
- **After the shock:** anticoagulate for at least 4 weeks, even if the score is low. Then apply the score for long-term therapy.
- **The rule:** sinus rhythm does not switch off the risk. The clock and the score decide.