

CASE STUDY – Acute Coronary Syndrome

S.J., a 54 year-old female patient on hemodialysis with a past medical history of T1DM (Type I diabetes mellitus), ASCVD (atherosclerotic cardiovascular disease), kidney failure, and atrial fibrillation is admitted to the ED with STEMI. Successful reperfusion was achieved with Tenecteplase. Since S.J. is at high risk of coronary rethrombosis and cardioembolic stroke secondary to atrial fibrillation, it was determined to initiate immediate anticoagulant protection with a parenteral anticoagulant. S.J.'s serum creatinine is 5.4 and her creatinine clearance is 8 ml/min. She weighs 55 kg.

1. Discuss the parenteral anticoagulant treatment option(s) for S.J.

Note: Please use generic drug names and specific doses in your narrative.

2. Discuss how you will transition S.J. to an oral anticoagulant on discharge from the hospital.