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Anticoagulant management in Emergency settings: 2024 guidelines from the French Society of Emergency Medicine (SFMU), the French Society of Anaesthesia and Intensive Care Medicine (SFAR), the French Society of Thrombosis and Haemostasis (SFTH) and the French Working Group on Perioperative Haemostasis (GIHP), endorsed by the French Neurovascular Society

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Abstract

Objective: The Société Française de Médecine d'Urgence (SFMU), the Société Française d'Anesthésie et de Réanimation (SFAR), the Groupe d'Intérêt en Hémostase Péri-opératoire (GIHP) and the Société Française de Thrombose et d'Hémostase (SFHT) have collaborated to propose a set of guidelines on the management of anticoagulants in an emergency setting.

Design: A group of French and Belgian experts from the French Societies of Emergency Medicine (SFMU), Anaesthesia and Intensive Care (SFAR), the working group on Perioperative Haemostasis (GIHP) and the French Society of Thrombosis and Haemostasis (SFHT) was convened. Any potential conflicts of interest were officially declared at the start of the recommendation development process, which was conducted independently of any industry funding. The authors used the GRADE ("Grading of Recommendations Assessment, Development and Evaluation") methodology to assess the level of evidence in the literature.

Methods: Five areas were defined: (1) The role of laboratory testing in determining anticoagulant use and the level of anticoagulation; (2) Management of anticoagulant-associated bleeding; (3) Management of asymptomatic overdoses; (4) Management of non-elective invasive procedures on anticoagulants; and (5) Thrombolysis for acute ischaemic stroke on anticoagulants. For each field, the aim of the recommendations was to answer a certain number of questions formulated by the experts according to the PICO model ("Population, Intervention, Comparison, Outcome"). Based on these questions, an extensive bibliographic search from 1990 onwards was carried out using predefined key words according to the PRISMA recommendations. Data quality was analysed using the GRADE method. Recommendations were formulated using the GRADE method and then voted on by all the experts using the GRADE grid method.

Results: The experts' summary work and application of the GRADE method resulted in 103 recommendations concerning 21 questions. After two rounds of voting and several amendments, strong agreement was reached on 97 recommendations. Out of these recommendations, 19 have a high level of evidence (19 GRADE 1), 35 have a low level of evidence (35 GRADE 2), and 48 are expert opinions. Finally, for one question, no recommendation could be made.

Conclusions: There was strong agreement among the experts to provide recommendations for clinicians to provide up-to-date management of patients on anticoagulants in an emergency setting.

Keywords: Anaesthesia; Anticoagulation; Bleeding; Emergency; Invasive procedure.

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