Switching	Warfarin to DOAC	LMWH to DOAC	UFH to DOAC	DOAC to another DOAC
Dabigatran	Start when INR <2.0	Stop LMWH; Start DOAC ≤2 h prior to the time of the next scheduled dose of LMWH	Start DOAC immediately after stopping IV UFH	Stop current DOAC; at time of next dose of current DOAC, start new DOAC
Rivaroxiban	Start when INR <3.0			
Apixaban	Start when INR <2.0	Stop LMWH; Start DOAC at the next time when the next dose of LMWH is due		
Edoxaban	Start when INR ≤2.5		Start edoxaban 4 h after stopping IV UFH	
As a general rule, as INR drops below 2.5, a DOAC can be started. *As a general rule, each DOAC can be started within 30 minutes of stopping IV UFH.*				

Table 7.3 Suggestions for switching to a DOAC and from a DOAC to warfarin.

DOAC = direct oral anticoagulant; INR = international normalized ratio; IV = intravenous; LMWH = low-molecular-weight heparin; UFH = unfractured heparin