

## Acute Decompensated Heart Failure

1. Assess clinical signs, symptoms, and laboratory data for prognosis and estimated mortality risk of the patient presenting with acute decompensated heart failure (ADHF).
2. Devise a pharmacotherapy plan for managing the patient with ADHF using recommendations in recent American Heart Association/American College of Cardiology guidelines, Heart Failure Society of America guidelines, and European Society of Cardiology guidelines.
3. Apply evidence-based data to design a therapeutic regimen for the management of ADHF using diuretics and/or vasodilators to optimize clinical outcomes.
4. Evaluate and modify drug therapy regimens in the patient receiving vasoactive and mechanical therapies to optimize hemodynamics, volume status, and anticoagulation.
5. Develop a care plan that integrates the pharmacist in the transition to outpatient care to decrease readmission rates from ADHF.

## Newer Antithrombotic Agents and Their Role in ACS

1. Analyze the differences in pharmacology, pharmacokinetics, drug-drug interactions, and adverse events between clopidogrel, prasugrel, ticagrelor, and rivaroxaban.
2. According to current evidence and guideline recommendations, evaluate the role of the newer antithrombotic agents in the care of the patient with acute coronary syndrome (ACS).
3. Assess the potential use of cangrelor in ACS management.
4. Evaluate thrombin receptor antagonists and their potential role in the pharmacologic management of patients with ACS.

## Newer Anticoagulation Strategies in Atrial Fibrillation

1. Distinguish between risk stratification tools to determine risk of ischemic stroke in patients with atrial fibrillation (AF) and risk of bleeding in patients exposed to chronic oral anticoagulation and newer schemes.
2. Evaluate how novel management strategies for warfarin, such as self-testing and self-management, may improve the efficacy and safety of warfarin therapy.
3. Develop an antithrombotic regimen to prevent stroke using evidence-based guidelines and incorporating various patient- and drug-specific factors.
4. Devise a plan for anticoagulant therapy in patients with AF receiving catheter-based ablation.