

THROMBOSIS REFERRAL GUIDELINE

MAINE CHILDREN'S CANCER PROGRAM • 100 CAMPUS DRIVE, SCARBOROUGH, ME • (207) 396-7565

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

Concern for ischemic stroke, pulmonary embolism, or significant DVT

SYMPTOMS AND LABS

New neurologic deficit with CNS imaging showing ischemic stroke

Chest pain, dyspnea, hypoxia with imaging showing pulmonary embolism

Extensive DVT

SUGGESTED PREVISIT WORKUP

Urgent contact to MCCP to discuss emergent management including further diagnostics and treatment

Initiate urgent anti-coagulation

Arrange for urgent transfer and admission to MMC

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

Concern for uncomplicated DVT or superficial thrombosis

SYMPTOMS AND LABS

Suspected DVT on exam

Uncomplicated DVT documented on imaging

Superficial thrombosis, suspected or documented by imaging

SUGGESTED WORKUP

Consider hospital admission to initiate anti-coagulation as indicated

Contact MCCP to discuss initial management including further diagnostics and treatment

LOW RISK

SUGGESTED ROUTINE CARE

Family history of thrombosis or thrombophilia

SYMPTOMS AND LABS

Healthy child with normal exam

Family history of thromboembolism and/or documented genetic thrombotic disorder (i.e. Factor V Leiden, MTHFR, Prothrombin mutation)

SUGGESTED MANAGEMENT

Males: Comprehensive pediatric health care and anticipatory guidance with no further testing indicated

Females: Comprehensive pediatric health care and anticipatory guidance. Consider screening if considering oral contraceptive agents

Contact MCCP if consultation is desired for family education

CLINICAL PEARLS

- Life threatening and significant thrombotic events require immediate anticoagulation and consideration of thrombolysis.
- Most thrombotic events in children involve more than one risk factor (genetic and/or anatomic).
- Prophylactic anticoagulation is generally not indicated in children with genetic risk factors who have not had a thrombotic event.
- Genetic screening may be useful in females considering oral contraception in guiding the selection of the agent.

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.