DVT

CDU INCLUSION CRITERIA

• New diagnosis of an extremity DVT
• Acceptable vital signs
• Contact made with PCP to ensure they are amenable to outpatient treatment and can follow up with patient for INR in 2 days – follow up with care management. If not amenable, admit patient to hospital.
• Alert and oriented

CDU EXCLUSION CRITERIA

• Unstable vital signs or clinical condition
• Presence of active current bleeding
• High risk of bleeding (active peptic ulcer diseases, liver disease, recent surgery, recent hemorrhagic stroke, uncontrolled HTN)
• Hemodynamic instability or O2 sat < 90%
• Complicated DVT (extending to iliac vein and/or arterial compromise) or with suspected PE
• Known heparin allergy or suspected HIT; Recent admission w/ heparin in last 4 weeks?
• Known history of protein C, protein S or ATIII deficiency; or other hypercoagulable disorder
• Pregnant or lactating
• Post-partum
• Age < 18 years old
• Significant renal impairment (Clcr < 30 mL/min)

CDU INTERVENTIONS AS INDICATED

• Oxygen, serial vital signs and re-evaluations
• Pulse oximetry, cardiac monitoring
• Laboratory studies, including Thrombotic risk panel- if < 45 years, unprovoked DVT with positive family history
• Consultations
• Smoking cessation counseling
• Medications
  ○ Enoxaparin:
    1.5 mg/kg Q24h is preferred if pt is < 110 kg and close to a prefilled syringe to round to 1 mg/kg Q12h
  ○ Warfarin:
    Warfarin 2.5 mg if the patient is > 65 years, has liver disease, chronic heart failure, chronically malnourished or on medication that can significantly potentiate warfarin (i.e. amiodarone)
    Warfarin 5 mg if: 60-90 kg
    Warfarin 7.5 mg if: > 90 kg
• Nursing orders
  o Warfarin education and administer first dose
  o Enoxaparin education and administer first dose (pt may self-inject)
    - provide handouts
    - watch video on computer
  o [http://my.mmc.org/media/Pharmacy/BloodThinners](http://my.mmc.org/media/Pharmacy/BloodThinners)
  o [http://my.mmc.org/median/Pharmacy/Lovenox](http://my.mmc.org/median/Pharmacy/Lovenox)
  o Give patient prescriptions for enoxaparin and warfarin (see list of pharmacies that carry)

**CDU DISPOSITION**

**Home**
• Acceptable vital signs and labs (if performed)
• 1st dose of enoxaparin and warfarin administered
• Patient prescriptions for < 1 week supply (see list of pharms that carry or per inpt. Pharm.)
• PCP agrees to follow up with patient for INR in 2 days

Care coordination input.

**Hospital**
• Clinical deterioration or unstable vital signs
• Presence of active current bleeding
• High risk of bleeding (active peptic ulcer diseases, liver disease, recent surgery, recent hemorrhagic stroke, uncontrolled HTN)
• Positive findings that require hospitalization (see exclusion criteria)
• Unable to complete CDU interventions or ensure close outpatient followup
• EP or consultant discretion

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