

# 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
  - Warfarin education and administer first dose
  - Enoxaparin education and administer first dose (pt may self-inject)
  - provide handouts
  - watch video on computer
  - <http://my.mmc.org/media/Pharmacy/BloodThinners>
  - <http://my.mmc.org/median/Pharmacy/Lovenox>
  - 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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