DVT

Initial Treatment Algorithm

Resource contact information

“Bridges to Access”
(fondaparinux patient assistance program)
www.bridgestoaccess.com
Phone #: 1-866-728-4368
Hours: M-F 0800-2000, no weekends or holidays

UNMH Coumadin clinic
2-6202
Hours: M-F 0830-1600

Case management for ED
Lori Bloomfield
Pager: 951-9980
Susan Oliver
Pager: 951-9980
Hours: 0800-2000 7 days/week

Inpatient Anticoagulation Pharmacist
Phone: 264-6970
Hours: 0800-1630 7 days/week including weekends and holidays

ED Pharmacist
Phone: 710-1533
Hours: 1500- 0130

Walgreens (Lomas and Carlisle)
Phone: 255-8908
Hours: Weekdays 0700-2200
Saturday 0800-2200
Sunday 0900-2100
(This Walgreens guaranteed to stock all strengths of enoxaparin & fondaparinux)

Criteria for Home Treatment

☐ MUST HAVE A CASE MANAGEMENT CONSULT FOR INJECTABLE ANTICOAGULANTS
☐ Able & willing to self inject or has help at home
☐ Stable home environment
☐ Safe place to store medications
☐ Able to return for INR follow-up within 96 hours of discharge
☐ Has means to obtain medications
☐ No other indication for hospitalization
☐ CrCl >30 ml/min
☐ No recent or active bleed (w/in 3 months)
☐ No hypertensive crisis
☐ INR < 1.5 (warfarin naïve)
☐ Platelets > 100 K
☐ aPTT < 40 sec
☐ Not pregnant/lactating
☐ History of HIT within the past 100 days, use fondaparinux
☐ Does not need parenteral pain medications
☐ Does not meet criteria for thrombolysis
☐ Not massive DVT (severe pain, swelling of entire limb, limb ischemia, acrocyanosis)

This is a protocol; it is not intended to replace clinical judgment.
**UNMH DVT Initial Treatment Algorithm**

**Confirmed DVT**
- Start anticoagulation with fondaparinux, enoxaparin or IV UFH per high intensity protocol

**Concomitant pulmonary embolism?**
- Yes: Admit to hospital
- No: Patient to undergo thrombolysis

**Patient to undergo thrombolysis?**
- Yes: Option 1: Consult vascular service
  - OR: Option 2: Consult IR
- No: Assess/Re-assess for outpatient management as soon as RESOURCES are available

**Potential candidate for thrombolysis?**
- Yes:
  - Acute iliofemoral DVT OR proximal or popliteal DVT with massive leg swelling
  - Symptoms < 2 weeks
  - Good functional status
  - Life expectancy ≥1 year
  - Low risk of bleeding
  - Yes: Patient may be kept in ED flow room until RESOURCES available next day for required consult(s)
  - No: Continue anticoagulation and contact inpatient AC pharmacist
- No: Continue anticoagulation and contact inpatient AC pharmacist

**Does the patient meet criteria for home treatment?**
(See reverse)
- No: Admit to hospital
- Yes: Is CM, AC pharmacist or ED pharmacist (aka RESOURCES) available for required consult?
  - No: Continue anticoagulation and contact inpatient anticoagulation pharmacist
  - Yes: Patient to undergo thrombolysis

**Continue anticoagulation and contact inpatient AC pharmacist**

**Admit to vascular service**
- OR: Admit to primary team for intervention by IR

**Admit to hospital**

**Ambulatory and Home Management**
1. Consult case manager (CM) to determine which bridging agent patient will be able to afford/obtain
2. If no insurance or UNM care, may be possible to enroll patient into “Bridges to Access” (number on reverse)
3. Prescribe injectable bridging agent and warfarin x 7 day supply (doses on reverse)
4. Prescribe GCS 30-40 mm to prevent post-thrombotic syndrome and instruct patient to obtain at medical supply store
5. Patient MUST be provided with education on injectable and warfarin prior to discharge
6. Physician MUST place “ad hoc” referral for UNMH Coumadin clinic (if patient has a PCP at UNMH or First Choice) OR
7. Arrange follow-up appt with outside PCP within 96 hours of discharge

**Abbreviations:** AC - anticoagulation; CM - case management; DVT - deep vein thrombosis; ED - emergency dept.; GCS - graduated compression stocking; IR - interventional radiology; PCP - primary care physician; UFH - unfractionated heparin