Initial Emergency Department Management of Venous Thromboembolism

- This guideline was created in collaboration between the Departments of Emergency Medicine, Internal Medicine and Family Medicine and Inpatient Antithrombosis Stewardship.
- It is intended to provide guidance for the management of venous thromboembolism (VTE) and to help identify patients who may be candidates for outpatient treatment of VTE and expedited discharge from the ED.
- This is an evidence-based protocol and not intended to replace clinical judgment.
- Antithrombosis Stewardship is available daily (0700-1730) to help ED providers with selection of discharge anticoagulation based on patient factors and insurance (505-264-6970).
- Outside of antithrombosis stewardship hours, the provider is to work with either UH discharge pharmacy or another retail pharmacy to help determine medication insurance coverage and provide initial home dose of anticoagulation.
- Case management can also help providers to confirm follow up plans (e.g., PCP, anticoagulation clinic).
- Whenever possible, the DVT and PE Pathways on Page 2 should be followed.

VTE Observation Eligibility Criteria:
1. Age ≥ 18 years
2. Adequate renal function (CrCl >30 ml/min)
3. No other indication for hospitalization
4. No baseline coagulopathy (INR >1.5, aPTT > 40 sec, Platelet count < 50K)
5. Does not meet criteria for thrombolysis
6. No massive DVT (severe pain, swelling of entire limb, limb ischemia, acrocyanosis)
7. For PE patients, sPESI score is 0
8. Not pregnant
9. No recent or active bleed (w/in last 3 months)
10. No recent surgery (w/in last 4 weeks)
11. No history of HIT

SIMPLIFIED PE SEVERITY INDEX (PESI)

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>POINT</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt; 80 years</td>
<td>1</td>
<td>Score of ≥1 = high risk of 30-day mortality</td>
</tr>
<tr>
<td>History of cancer</td>
<td>1</td>
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<tr>
<td>Chronic cardiopulmonary disease</td>
<td>1</td>
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<tr>
<td>Pulse ≥ 110 beats/min</td>
<td>1</td>
<td>Score of 0 = low risk of 30-day mortality</td>
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<tr>
<td>Systolic blood pressure &lt;100mmHg</td>
<td>1</td>
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<tr>
<td>Arterial oxyhemoglobin saturation level &lt;90%</td>
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If you decide to deviate from protocol or are discharging a patient outside of antithrombosis stewardship hours (0700-1730) please be complete the following:

☐ Inform ED pharmacist of patient discharging for tracking purposes. Please note that the ED pharmacist should not be expected to assist with discharge of VTE patients outside of antithrombosis hours due to other responsibilities.
☐ Obtain patient’s phone number (cell preferred) and enter in Powerchart ‘Sticky Note’.
☐ Send outpatient anticoagulation script to UH discharge pharmacy (see hours below) or outside retail pharmacy (note: Walgreens on Menaul/Eubank is the only 24 hour pharmacy in Albuquerque).
  a. DOACs (e.g., apixaban, rivaroxaban) preferred for acute VTE treatment.
  b. DOAC eligibility criteria:
     i. Ensure medication compliance
     ii. Adequate hepatic and renal function (estimated CrCl ≥ 30 ml/min and no evidence of cirrhosis with Child-Pugh score B or C)
     iii. No major DOAC drug interactions (e.g., azoles, rifampin, phenytoin, carbamazepine)
     iv. No DOAC contraindications (e.g., mechanical heart valves, antiphospholipid syndrome)
     v. Weight > 50 kg and < 140 kg
     vi. Patient is not pregnant or breastfeeding
     vii. DOAC is covered by insurance
☐ Provider to document anticoagulation medication education has been performed by RN.
☐ Send referral to appropriate anticoagulation clinic (note: not everyone eligible to be seen at UNMH).

Outpatient Pharmacies:
UH Outpatient and Discharge Pharmacy (4th Floor)
505-272-4239
Monday - Friday: 0800-2000
Saturday: 0800-1800
Sunday: 0900-1700

Albuquerque’s ONLY 24-hour Pharmacy
Walgreens
9700 Menaul Boulevard
Albuquerque, NM 87112
505-299-9541
**Note: LMWH preferred over heparin for initial VTE treatment unless patient is going for a surgical intervention.**