# Health Plan of Michigan Clinical Practice Guideline
# Outpatient Management of Uncomplicated Deep Venous Thrombosis

| Eligible Population | Key Components | Recommendation and Level of Evidence |
|---|---|---|
| Adult patients ≥ 18 years of age<br><br>Diagnosis of acute DVT, confirmed by duplex ultra sonography or venography. **[A]**<br><br>No contraindications to anticoagulation or use of low molecular weight heparin (LMWH) | Initial Assessment | • Perform initial comprehensive history and physical examination; consider conditions predisposing to DVT.<br>• Assess risk factors and contraindications to outpatient anticoagulation therapy.<br>• **Assess patient/caregiver ability and compliance for outpatient therapy,** and need for home care resources.<br>**Contraindications to initiating anticoagulation therapy in the outpatient setting:**<br>• Pulmonary embolism<br>• Extensive iliofemoral thrombus<br>• Known potential for non-compliance<br>• Recent surgery/trauma<br>• Active bleeding<br>• Severe HTN<br>• Pregnancy<br>• Known hypercoagulable state<br>• Catheter-associated DVT<br>• Renal clearance <30mL/min or creatine >2.5 mg/DL<br>• Thrombocytopenia <100,000<br>• History of heparin induced thromboytopenia<br>• Childbearing age w/o contraception |
| | Pharmacologic interventions | • Outpatient therapy is preferred if no contraindications<br>• Contraindications to warfarin therapy:<br>    o Absolute: Pregnancy<br>    o Relative: dementia, and certain psychoses<br>• **Begin warfarin after 1st dose of LMWH [A], on the same day, titrate to INR range of 2.0-3.0**<br>• Continue LMWH until INR range 2.0-3.0 for 2 consecutive days (usually LMWH 5-7 days). **[A]**<br>• Maintain warfarin therapy at least 3 months in therapeutic INR range. **[A]** longer if risk of recurrence<br>• Ask about any changes in diet, medications and compliance before and dosage adjustment |
| | Testing/Monitoring | • Obtain baseline lab values:aPTT, PT/INR, CBC with platelet count. Consider platelet count 3 to 5 day s into anticoagulation therapy.<br>• Monitor warfarin therapy using INR; no lab monitoring required for Enozaprin unless special circumstances such as renal insufficiency or extremes of body weight.<br>• Frequent INR monitoring is necessary at the onset of therapy (e.g. at least 2 checks in the first week of therapy); than at least 2-3 times per week for the next 1-2 weeks. When stable, monitor every 4-8 weeks.<br>• Maintain an Antiocoagulant Monitoring Log (or dose adjustment system) for each patient treated with warfarin<br>• Monitor common bleeding sites; gums, nose, GI, GU and skin<br>• Monitor for signs/symptoms of pulmonary embolism, risk factors and side effects.<br>• Management through a specialized program for anticoagulation monitoring, if available. |
| | Patient Education | • Inform patient/caregiver of the reasons and benefits of therapy, potential side effects, importance of follow-up monitoring warfarin dosage adjustment, compliance, dietary recommendations (i.e. a diet that is constant in vitamin K), the potential for drug interactions, safety precautions, and recognizing internal bleeding.<br>• Instruct patient/caregiver on symptoms of pulmonary embolism, extension of DVT and self-injection of LMWH.<br>• The patient should be encouraged to be ambulatory after an appropriate weight-based dose of LMWH. **[D]**<br>• Compression stockings should be used routinely to prevent postthrombotic syndrome **[A],** beginning within 1 month of diagnosis of proximal DVT and continuing for a minimum of 1 year. |
| | Emergency plan | The physician should be available to address serious side effects or increasing behavioral problems. |

**Levels of Evidence for the most significant recommendations:** A=randomized controlled trials; B=controlled trials, no randomization; C=observational studies; D=opinion of expert panel

This guideline represents core management steps. It is based on several sources, including: Management of Venous Thromboembolism: Al Clinical Practice Guideline from the American College of Physicians and the American Academy of Fmaily Physicians. Ann Intern Med. 2007; 146:204-210. Individual patient considerations and advances in medical science may supersede or modify these recommendations.

**Approved by Medical Directors August 2007** www.mqic.org