

KCH ED OBSERVATION UNIT: Deep Venous Thrombosis/ Pulmonary Embolus Clinical Guidelines

CRITERIA:

Inclusion

- Hemodynamically stable
- Confirmed DVT or PE
- Able to ambulate
- Patient agreeable and able to learning how to self inject LMWH or home care available to do so

Exclusion

- Unstable or significantly abnormal vital signs (hypotension, fever)
- Documented PE with PESI Score > 2
- Active or high risk bleeding disorder (major surgery or trauma within 2 weeks, recent intracranial bleed, active GI bleeding, etc.)
- Known hypercoagulable or bleeding disorder
- Complex DVT requiring catheter-directed thrombolysis (i.e. Iliac vein DVT)
- Any factor that will preclude discharge within 48hours
- Any other need for inpatient admission

INTERVENTIONS:

- Serial exams every 4-6 hours
- Serial vital signs every 4 hours
- Initiation of low molecular heparin (LMWH) and/or warfarin therapy
- Laboratory monitoring
- LMWH and warfarin teaching
- Patient education on diagnosis
- Diet
- Care Management and/or Social Work Consult

DISPOSITION:

Home:

- Stable vital signs
- Teaching completed
- Adequate follow up arranged
- Home treatment possible
- Physician discretion

Admission:

- Unstable vital signs (hypotension, fever)
- Deterioration in clinical status
- Newly diagnosed or suspected PE
- Bleeding complication with heparin initiation
- Inadequate home support for outpatient LMWH therapy
- Another acute process becomes apparent
- Does not meet discharge criteria after observation period

Please note additional orders, such as patient's home medications can be ordered for standing administration.