

ED OBSERVATION UNIT: DEEP VEIN THROMBOSIS PROTOCOL

NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA

- Confirmed DVT
- No procedural intervention necessary

EXCLUSION CRITERIA

- Extensive thrombosis (e.g. extending to IVC or above iliofemoral bifurcation)
- Planned thrombolysis or embolectomy
- Planned placement of IVC filter
- Limb threatening (e.g. evidence of arterial insufficiency, compartment syndrome, gangrene, etc)
- Active bleeding or high risk for bleeding (GI bleed \leq 2 weeks, CVA \leq 1 month, bleeding disorder, platelets $< 75 \times 10^9/L$, severe hypertension, severe liver impairment)
- Change in baseline ambulatory status
- Psychosocial barriers to home anticoagulation treatment (i.e. inability to self-administer anticoagulant or lack of necessary social support)

INTERVENTIONS

- Initiate full dose anticoagulation with LMWH. Transition to DOAC therapy if feasible.
- Rx for LMWH/DOAC (confirm pharmacy availability and insurance coverage of selected agent)
- Patient education (lovenox self-administration teaching if needed)
- Care management and/or social work consult

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DISPOSITION	
Home: <ul style="list-style-type: none">• Resolution of initial barriers to discharge• Patient education complete• Rx confirmed received and covered by insurance at patient's pharmacy	Admission: <ul style="list-style-type: none">• Clinical deterioration• Bleeding complication• Need for initiation of coumadin

Sources

1. American College of Emergency Physicians Clinical Policies Subcommittee on Thromboembolic D, Wolf SJ, Hahn SA, et al. Clinical Policy: Critical Issues in the Evaluation and Management of Adult Patients Presenting to the Emergency Department With Suspected Acute Venous Thromboembolic Disease. Ann Emerg Med. 2018;71(5):e59-e109.
2. Mazzolai L, Aboyans V, Ageno W, et al. Diagnosis and management of acute deep vein thrombosis: a joint consensus document from the European Society of Cardiology working groups of aorta and peripheral vascular diseases and pulmonary circulation and right ventricular function. Eur Heart J. 2018;39(47):4208-4218.
3. Kearon C, Akl EA, Ornelas J, et al. Antithrombotic Therapy for VTE Disease: CHEST Guideline and Expert Panel Report. Chest. 2016;149(2):315-352.