For additional information, please see the ACCP Executive Summary.

HealthSpan Guideline
The Outpatient Treatment of DVT Using Low Molecular Weight Heparins and Coumadin

I. DVT INCLUSION CRITERIA:

Diagnosis of DVT in upper or lower extremity established by a duplex ultrasound

II. EXCLUSION CRITERIA:

1. Concurrent pulmonary embolism.
2. Concurrent pregnancy - Coumadin is teratogenic. (Lovenox, Arixtra or Heparin are all safe to use, Pregnancy Class B.)
3. Allergy to Heparin or a LMWH like Lovenox or Arixtra
4. Heparin or LMWH induced thrombocytopenia.
5. Chronic Renal Failure with a creatinine clearance < 30 ml/min.
6. Renal Insufficiency with serum Creatinine > 2.5.
7. Any home, family or patient barriers that would impede effective outpatient treatment.
8. Active risks for hemorrhage such as previous intracerebral hemorrhage, peptic ulcer disease, severe liver disease, thrombocytopenia, or other coagulopathies.
9. Presence of a central line associated with the DVT where the line must not be removed. Discuss with Vascular Surgery.
11. Significant risk of falls.
12. Age less than 16 years.
14. Admission to hospital necessary due to concurrent illness.

III. Intervention in HealthSpan Emergency Department once the diagnosis is made of DVT, or Intervention by the ECM Hub doctor for a patient in a non-HealthSpan ER:

The note, labs, referrals, follow up blood work, home medication orders etc. are in HealthConnect by opening the SmartSet for DVT.

1. STAT baseline labs: CBC with platelet count, Basic Metabolic Profile, PT/INR.
2. Weigh patient on scale and convert to kilograms. Record pulse ox on room air.
3. Show Lovenox or Arixtra video and provide bedside teaching to patient to self-perform SQ injection.
4. Observe the patient’s self-injection of the first dose of Lovenox or Arixtra SQ in abdominal wall skin.
5. Give Coumadin 5 mg P.O. now. (Starting dose may be lower/higher based on patient age, concurrent interacting medications, etc.)
6. Enter into HealthConnect standing INR orders
7. Order home going Coumadin in HealthConnect. Coumadin 2.5 mg tabs, #60 (if not using SmartSet).
   Sig: 2 tablets PO QPM (5 mg total in the evening) until instructed in Anticoagulation Clinic.

Then pick one of the two following SQ LMWH drugs, either Lovenox or Arixtra.

8a. Order in HealthConnect Lovenox (enoxaparin) 1 mg/kg SQ for nine more doses, to be self-administered at home q12H for four more days. Include 1 refill on RX. (The maximum syringe supplied is 150mg. CHEST guidelines recommend weight-based dosing.)
8b. Order **Arixtra** in HealthConnect (fondaparinux) **7.5 mg Sub Q in abdominal wall QD.** Dispense 5 doses. Refill X 1. Use for patient weights between 50 – 100 kg. Include 1 refill on RX.

If weight is < 50 kg use **5 mg Arixtra SQ in abdominal wall QD.** Dispense 5 doses. Refill X 1.
If weight is >100 kg use **10 mg Arixtra SQ in abdominal wall QD.** Dispense 5 doses. Refill X 1.

If the patient is physically able, they or the family can go to main HealthSpan Pharmacy to pick up the Coumadin and the Lovenox or Arixtra.

If the member is home bound, Home Infusion Pharmacy can arrange to deliver.

9. If the HealthSpan Pharmacy is closed, send the member home with enough Warfarin and Lovenox or Arixtra doses to cover until pharmacy will be open.

10. Refer the patient to the Anticoagulation Clinic. (In HealthConnect place an order for REF Anti or REF Coumadin if not using the SmartSet.) In the Letters section of HealthConnect print “Anticoagulation Clinic Consent Form CP OH.” Fax the signed copy to the Anticoagulation Clinic 216-265-4422.

Note: The ECM Hub physician talking to an out of plan ER may repatriate the member for DVT treatment, or place the necessary orders in HealthConnect while physically present at the MSC, from home by secure computer link or by calling the MSC RN with verbal treatment orders.

**IV. Home Health Interventions for Home Bound Patients**

1. Place referral for home care (ref home). Obtain PT/INR on two dates of treatment – from visit Days 3, 4, 5 or 6. Also obtain CBC with platelets on first home draw. Label and deliver to lab. The INR results will be managed by the Anticoagulation Clinic. The CBC should be sent to PCP.
2. Confirm that patient or family member is able to properly administer Lovenox or Arixtra injections until INR is within the therapeutic range of 2.0-3.0.
3. Provide patient education.
4. Help instruct patient when Anticoagulation Clinic deems continuation of Lovenox or Arixtra is necessary beyond the usual 6 total days of treatment. A refill order for additional doses is already in HealthConnect if the SmartSet was used. The patient or family can pick it up from any HealthSpan Pharmacy.
5. Contact home IV pharmacy, (216) 265-6855 option 1 or Pager (216) 568-2895, to send additional doses of Lovenox or Arixtra to a home bound patient when necessary.
6. Provide a sharps container for proper disposal of sharps used at home.
7. Anticoagulation Clinic will arrange follow up of PT/INR when Lovenox or Arixtra is discontinued.
8. Schedule primary physician MOB follow-up in 1-2 weeks.

**V. Anticoagulation Clinic Interventions**

1. Anticoagulation Clinic, under the direction of a physician, assumes responsibility for Warfarin management and INR follow-up to achieve and maintain the INR between 2–3.
2. A HealthConnect referral in HealthConnect with history of Warfarin dosing for DVT will activate the Anticoagulation Clinic management of the patient. Print “Anticoagulation Clinic Consent Form CP HS’” letter from HealthConnect (Letter ID 16866) and have doctor and patient sign the letter. Fax to Anticoagulation Clinic 216-265-4422.
3. Anticoagulation Clinic will send message to PCP to confirm indication, duration, INR range and enrollment in clinic.