

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <li>Suspected DVT.</li> <li>Over 16 years of age and not under the care of a paediatrician.</li> <li>Patient's medical condition has been assessed as stable, has a clear prognosis and is at a low risk of rapid deterioration.</li> <li>Confirmation Echo Doppler Studies available next working day.</li> </ul>	<ul style="list-style-type: none"> <li>Signs and symptoms suggestive of pulmonary embolus – refer to Pulmonary Embolus Protocol.</li> <li>Conditions that increase risk of bleeding including, recent major surgery, history of familial bleeding disorders, peptic ulcer disease, increased risk of falling, thrombocytopenia.</li> <li>Known adverse reactions to Enoxaparin or Warfarin.</li> <li>High risk of thrombosis extension.</li> <li>Extensive DVT extending beyond the mid-femoral zone.</li> <li>Renal insufficiency – creatinine clearance &lt;30mL/min (May be managed jointly with Haematologist or Thrombosis clinic).</li> <li>Co-existing medical conditions requiring hospital admission.</li> <li>Greater than 22 week's gestation.</li> </ul>

## ASSESSMENT

- 1 Check Target INR.
- 2 Check Warfarin dose given to date (Marevan brand use without substitution unless continuation of current therapy).

## PATHOLOGY WORK UP

- Doppler Studies at next working day
- Baseline International Normalised Ratio (INR), Full Blood Picture (FBP), Liver Function Tests (LFT), Urea and Electrolytes (U&E) and Activated Partial Pro-thrombin Time (APTT).
- Thrombophilia screening if familial history or recurrent/spontaneous venous thromboembolism.
- Day 5 - repeat full blood picture.

## Recommended Nomogram

Day	INR	Suggested Dose
1	1.0 → 1.4	5 mg
2 and 3	< 1.8	5 mg
	≥ 1.8	1 mg
4 and 5	< 1.5	7 mg
	1.5 – 1.9	5 mg
	2.0 – 2.5	4 mg
	2.6 – 3.5	3 mg
	> 3.5	0 mg *(see treatment)

This dosing regimen takes about 6 days to achieve therapeutic INR, longer in those under 60 years. If a shorter time to therapeutic levels is indicated or for younger patients consider 7 to 10mg on day 1 and 2. Consider smaller starting doses when the patient is elderly, has low body weight.

## TREATMENT

- Ensure renal function established prior to commencement of Clexane.
- Access blood results from referral source, including thrombophilia screening if appropriate and scan results.
- Obtain last Warfarin dose from referral source if not documented on referral form.
- Administer Enoxaparin Sodium as per medical authority (Dose 1.5mg/kg/SC given as single daily dose up to a maximum dose of 150mg. If dose required is greater than 150mg dose must be given as divided doses twice daily and the dose is then 1mg/kg/SC – BD).
- Encourage gentle ambulation.
- Elevate legs when sitting.
- Anti-embolic stockings where supplied by referral source.
- Nursing assessment as per Deep Vein Thrombosis (DVT) Assessment Tool.
- Monitor and advise client re Warfarin including its potential complications and interactions as per living with Warfarin booklet.
- INR to be monitored with CoaguChek daily. \*(If reading > 3.5 a formal blood test required for confirmation).
- Warfarin administered in collaboration with governing Medical Practitioner.
- Continue to administer Enoxaparin Sodium for forty eight (48) hours to ensure target INR is maintained.
- Confirm Echo Doppler studies appointment.

Consider admission to hospital if evidence of:

- Signs of worsening DVT, PE or bleeding problems.
- Systemic deterioration, including, respiratory distress, chest pain, cough (+/- haemoptysis).
- Complications of anti-coagulation – bleeding/bruising excessively, hypersensitivity reaction.

## FOLLOW-UP

- Ensure the client has an appointment arranged with own GP prior to discharge to ensure continuity of care.
- Fax protocol with client discharge summary to GP.

## MEDICAL GOVERNANCE

Client has access to medical governance support twenty four (24) hours per day, seven (7) days a week. Care delivery is planned and provided in consultation with the client, medical officer/specialist holding medical governance and nursing staff. Medical specialists may retain medical governance with treatment interventions delivered by Silver Chain. When governance is retained by a Silver Chain medical officer the client will have a medical review within twenty four (24) hours of admission and scheduled follow-up up as determined by the medical officer for that individual client. In the instance when a client's condition deteriorates the Silver Chain medical officer or nursing staff will confer with an emergency department medical officer. All Silver Chain medical officers are formally credentialed. Silver Chain's medical officer holding governance will determine when the client can be discharged and a summary is sent to the referrer or client's general practitioner.

## REFERENCES

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WA TAG Informaton for patients. Living with Warfarin. Department of Health 2007.