



# Initial Emergency Department Management of Venous Thromboembolism

- This guideline was created in collaboration between the Departments of Emergency Medicine, Internal Medicine and Family Medicine and Inpatient Antithrombosis Stewardship.
- It is intended to provide guidance for the management of venous thromboembolism (VTE) and to help identify patients who may be candidates for outpatient treatment of VTE and expedited discharge from the ED.
- This is an evidence-based protocol and not intended to replace clinical judgment.
- Antithrombosis Stewardship is available daily (0700-1730) to help ED providers. with selection of discharge anticoagulation based on patient factors and insurance (505-264-6970).
- Outside of antithrombosis stewardship hours, the provider is to work with either UH discharge pharmacy or another retail pharmacy to help determine medication insurance coverage and provide initial home dose of anticoagulation.
- Case management can also help providers to confirm follow up plans (e.g., PCP, anticoagulation clinic).
- ***Whenever possible, the DVT and PE Pathways on Page 2 should be followed***

### VTE Observation Eligibility Criteria:

1. Age  $\geq$  18 years
2. Adequate renal function (CrCl  $>$ 30 ml/min)
3. No other indication for hospitalization
4. No baseline coagulopathy (INR  $>$ 1.5, aPTT  $>$  40 sec, Platelet count  $<$  50K)
5. Does not meet criteria for thrombolysis
6. No massive DVT (severe pain, swelling of entire limb, limb ischemia, acrocyanosis)
7. For PE patients, sPESI score is 0
8. Not pregnant
9. No recent or active bleed (w/in last 3 months)
10. No recent surgery (w/in last 4 weeks)
11. No history of HIT

### SIMPLIFIED PE SEVERITY INDEX (PESI)

VARIABLE	POINT	
Age $>$ 80 years	1	Score of $\geq$ 1 = high risk of 30-day mortality
History of cancer	1	
Chronic cardiopulmonary disease	1	
Pulse $\geq$ 110 beats/min	1	Score of 0 = low risk of 30-day mortality
Systolic blood pressure $<$ 100mmHg	1	
Arterial oxyhemoglobin saturation level $<$ 90%	1	

## If you decide to deviate from protocol or are discharging a patient outside of antithrombosis stewardship hours (0700-1730) please be complete the following:

- Inform ED pharmacist of patient discharging for tracking purposes. Please note that the ED pharmacist should not be expected to assist with discharge of VTE patients outside of antithrombosis hours due to other responsibilities.
- Obtain patient's phone number (cell preferred) and enter in Powerchart 'Sticky Note'.
- Send outpatient anticoagulation script to UH discharge pharmacy (see hours below) or outside retail pharmacy (**note: Walgreens on Menaul/Eubank is the only 24 hour pharmacy in Albuquerque**).
  - a. DOACs (e.g., apixaban, rivaroxaban) preferred for acute VTE treatment.
  - b. DOAC eligibility criteria:
    - i. Ensure medication compliance
    - ii. Adequate hepatic and renal function (estimated CrCl  $\geq$  30 ml/min and no evidence of cirrhosis with Child-Pugh score B or C)
    - iii. No major DOAC drug interactions (e.g., azoles, rifampin, phenytoin, carbamazepine)
    - iv. No DOAC contraindications (e.g., mechanical heart valves, antiphospholipid syndrome)
    - v. Weight  $>$  50 kg and  $<$  140 kg
    - vi. Patient is not pregnant or breastfeeding
    - vii. DOAC is covered by insurance
- Provider to document anticoagulation medication education has been performed by RN.
- Send referral to appropriate anticoagulation clinic (note: not everyone eligible to be seen at UNMH).

### Outpatient Pharmacies:

#### UH Outpatient and Discharge Pharmacy (4th Floor)

505-272-4239

Monday - Friday: 0800-2000

Saturday: 0800-1800

Sunday: 0900-1700

#### Albuquerque's ONLY 24-hour Pharmacy

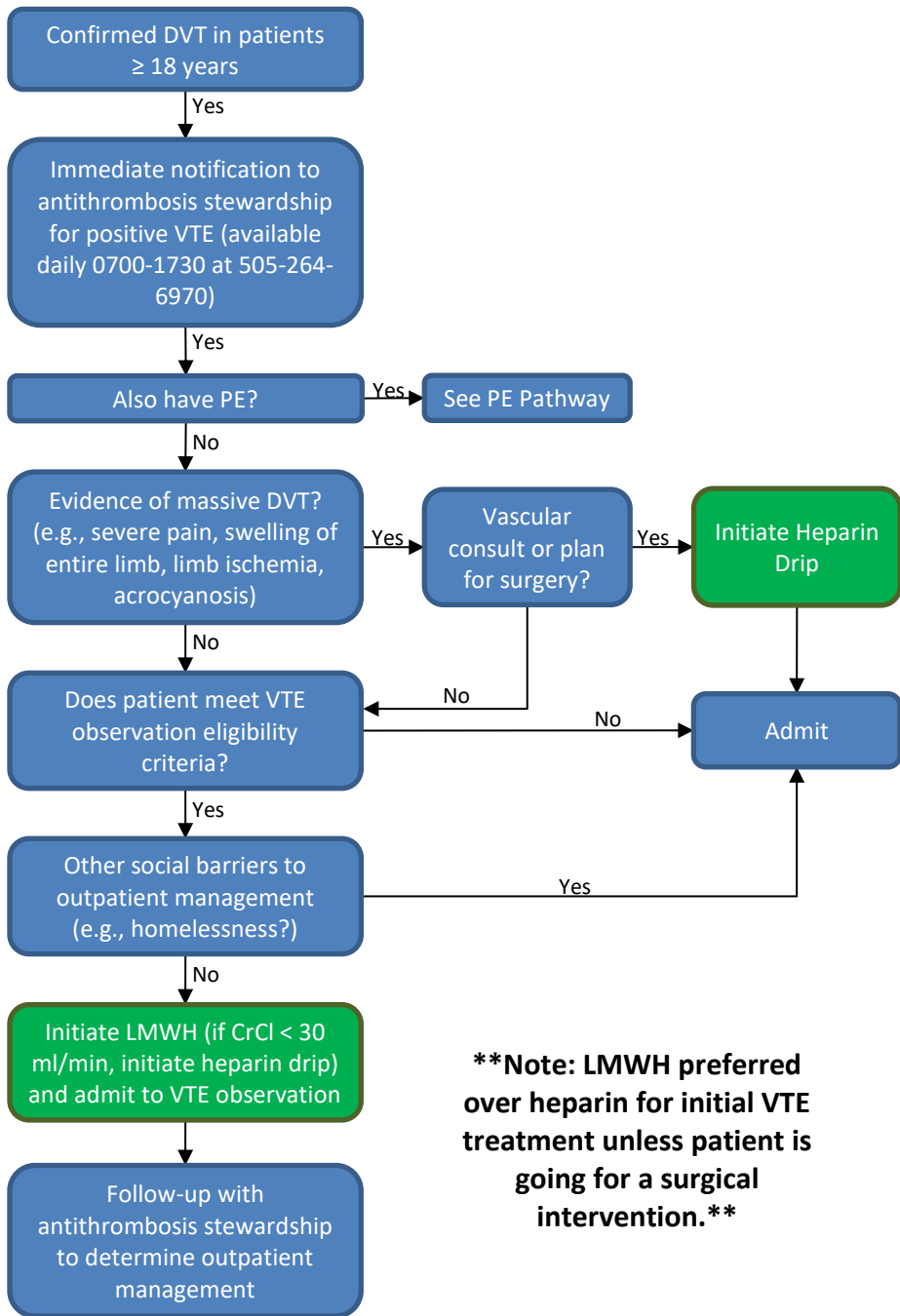
**Walgreens**

9700 Menaul Boulevard

Albuquerque, NM 87112

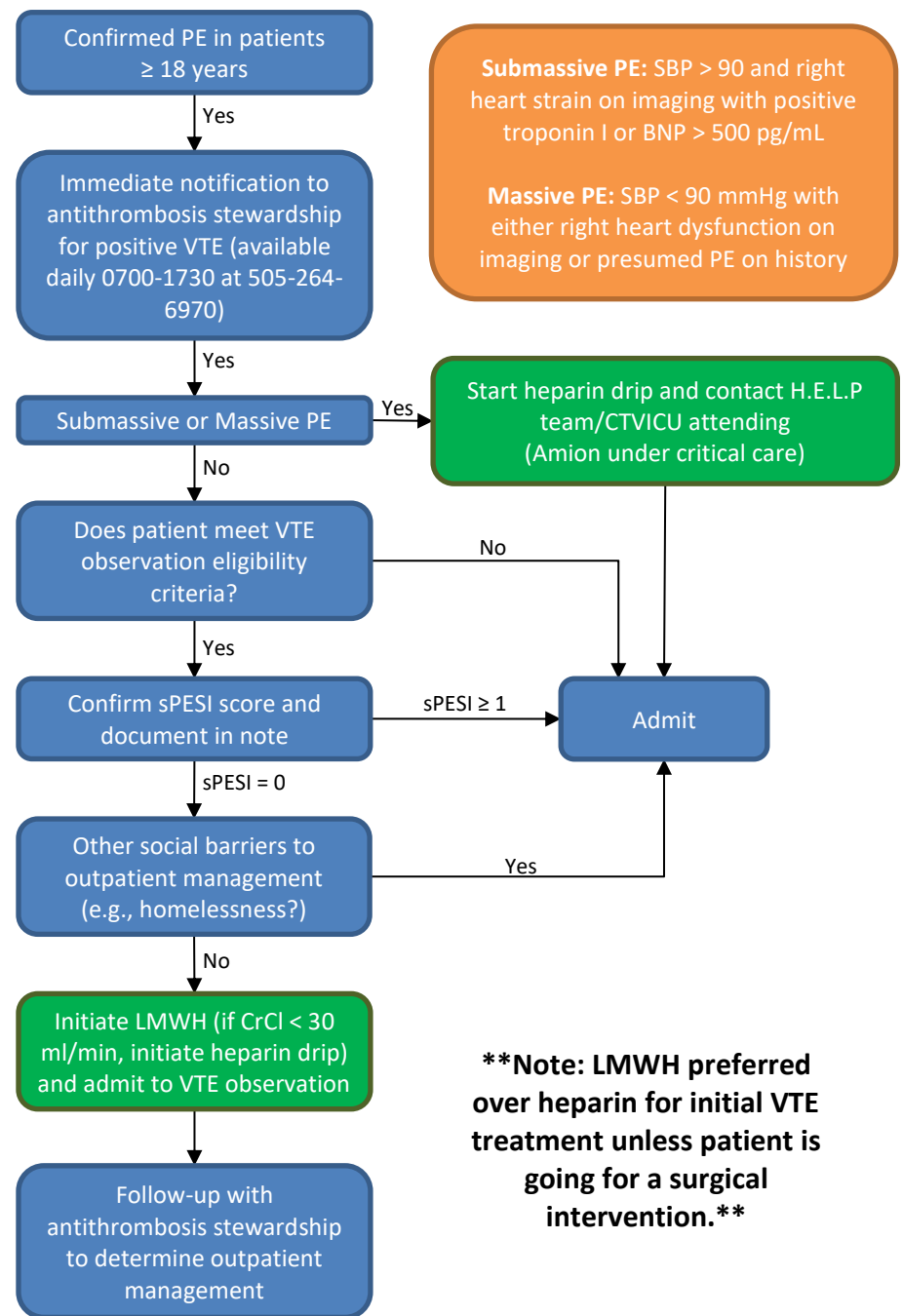
505-299-9541

## Adult DVT Pathway



**\*\*Note: LMWH preferred over heparin for initial VTE treatment unless patient is going for a surgical intervention.\*\***

## Adult PE Pathway



**Submassive PE:** SBP > 90 and right heart strain on imaging with positive troponin I or BNP > 500 pg/mL

**Massive PE:** SBP < 90 mmHg with either right heart dysfunction on imaging or presumed PE on history

**\*\*Note: LMWH preferred over heparin for initial VTE treatment unless patient is going for a surgical intervention.\*\***