

DVT Home Protocol

Outpatient* ADULT Discharge Order Form for Treatment of Acute DVT
(*Patient has met eligibility criteria for outpatient treatment. Please see eligibility checklist)

Demographic

Name: _____

MRN: _____

Complicating Comorbidities

- | | |
|---|---|
| <input type="checkbox"/> Renal Insufficiency/ Failure | <input type="checkbox"/> Heart failure |
| <input type="checkbox"/> Angina/Active Chest Pain | <input type="checkbox"/> Recurrent or prior DVT/PE |
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> PVD |
| <input type="checkbox"/> Cellulitis | <input type="checkbox"/> Poorly Controlled Diabetes |
| <input type="checkbox"/> Bleeding diathesis | <input type="checkbox"/> Active malignancy |

Allergies

- _____
- Allergies reconciled with today's visit (**MD** initials ____/ Date _____)

Discharge Diagnosis: Deep Vein Thrombosis

Location (confirmed by compression ultrasound)

- Proximal Distal Left Right Unilateral Bilateral

Outpatient DVT Treatment Eligibility Criteria

- Patient has established F/U prior to leaving ED (see F/U for outpatients page 2)
- Patient can self-administer injectable LMWH (Low Molecular Weight Heparin)
- Patient is able to verbalize understanding of outpatient DVT treatment plan
- Patient can afford outpatient pharmaceutical therapy (contact ED Social Worker)
- Patient has no other **complicating co-morbidities** at time of present visit
 - See Above
- Patient is comfortable with plan for discharge with outpatient management

Outpatient DVT Treatment, without PE

- Contact ED Social Worker to assist with followup
- Order postdischarge drug supply
- Contact LMWH outpatient reimbursement program or insurance company
- Start LMWH in ED: (1st dose in ED)
 - See attached protocol (from Shands Portal DVT Treatment)
- Provide patient with LMWH Home Discharge Kit
- Continue LMWH daily, for minimum of 5 days (if creatinine clearance < 30mL/min)
- Follow up visit with patient PMD/ Internal Medicine/ Family Medicine within 3 days of ED discharge
 - Please see instructions for prompt outpatient followup for patients (below)

Follow Up for Outpatients

- 1) Patient has established F/U prior to leaving ED
 - a. MD _____
 - b. Date/Time _____
- 2) Referral email to appt clinic, if within Shands system