

1

Obtain baseline INR, CBC (for HCT and plts), M7 (for Scr)

Current inpatient status

Current outpatient status

Follow IV Heparin Protocol

Determine eligibility for outpatient treatment

- Able to self inject
- Able to return to UWMC for F/U OR
- Eligible for VNS
- Acceptable reimbursement or able to self pay for LMWH
- No pre-existing condition that requires hospitalization
- Creatinine clearance >30 ml/min
- No recent or active bleeding

Geneva Risk Score	
Cancer	+2
SBP < 100mm Hg	+2
PaO2 < 60mm Hg on room air	+1
Heart failure	+1
Previous VTE	+1
DVT by ultrasound	+1

If PE present and Geneva Risk score is < 2 (See scoring system)

NO to any of the above

YES to all of the above

Begin enoxaparin 1.5 mg/kg SQ every 24 hours;
(use 1.0 mg/kg SQ every 12 hours if patient has concurrent malignancy, obesity (BMI >27) or PE)
(Consult ACC* for Clcr <60 ml/min)

Start warfarin (same day)
5 mg for "nonsensitive" patients
2.5 mg for "sensitive" patients*

Adjust based on daily INR
(Consult clinical pharmacist)

Implement the use of elastic compression stockings with a pressure of 30-40mm Hg at the ankle as soon as possible, and continue for 2 yrs to prevent post-thrombotic syndrome

Arrange outpatient followup with Primary Physician, local anticoagulation clinic, or UWMC anticoagulation clinic
206-548-4874*

Complications of LMWH or Warfarin?
(Allergic reaction, major bleed, skin necrosis, thrombocytopenia)

NO

YES

Explore alternative treatment

- 1) Check INR and platelet count daily (inpatients) or every 2-3 days (outpatients)
- 2) Discontinue LMWH/heparin after a minimum of 5 days of therapy and when INR > 2.0
- 3) Consider 36 months of LMWH in patients with cancer
- 4) Continue warfarin for three months or:
 - * idiopathic first event: at least 6-12 months and consider indefinite treatment
 - * cancer: indefinite therapy or until cancer is resolved
 - * hypercoagulable condition: at least 6-12 months and consider indefinite treatment
 - * recurrent VTE: consider indefinite treatment