

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

Current inpatient status

Current outpatient status

Start IV Heparin using inpatient order form

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

	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

NO to any of the above

YES to all of the above

Start warfarin (same day) using inpatient order form
Adjust daily based on INR results

Start dalteparin 200 U/kg SQ q24h
[Alternate dosing needed for Clcr<30, weight>98mg, or pregnancy: Consult ACC for assistance]
Start warfarin (same day)
- 5mg for non-sensitive patients
- 2.5mg for sensitive patients

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 3-6 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