

DEEP VEIN THROMBOSIS

Health Care Providers (HCPs)

Outpatient DVT Follow-Up Protocol

| Outpatient DVT Follow-Up Protocol | | | | | | | | |
|---|---|---|--|---|-------------------------|--|--|--|
| | All Patients | Warfarin | Apixaban | Rivaroxaban | Dabigatran/ Edoxaban | | | |
| Day 1-2: Nursing or Anticoagulation Clinic Phone Call | → Ensure patient has obtained prescription → Assess for bleeding complications, recurrent/ progressive thrombotic symptoms → Ensure dosing is appropriate for renal function (checked at time of DVT diagnosis | | | | | | | |
| Day 5: Nursing or Anticoagulation Clinic Follow Up | Assess medication compliance, bleeding complications, recurrent/ progressive thrombotic symptoms, scheduled procedures, concomitant medications | Check INR, when 2-3 can discontinue LMWH | Ensure dosing change (10mg BID → 5 mg BID) | Ensure dose change after Day 21 (15 mg BID → 20 mg daily) | | | | |
| Day 21: Nursing or Anticoagulation Clinic Phone Call | Assess medication compliance, bleeding complications, recurrent/ progressive thrombotic symptoms, scheduled procedures, concomitant medications | | | | | | | |
| 3 months: Clinic Visit | → Assess medication compliance, bleeding complications, recurrent/ progressive thrombotic symptoms → Re-assess length of treatment (3 months vs. indefinite) → Patients with Cockcroft-Gault CrCl 30-50 mL/min, repeat renal function testing | | | | | | | |



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Health Care Providers (HCPs)

Outpatient DVT Follow-Up Protocol (cont.)

| Outpatient DVT Follow-Up Protocol | | | | | | | | |
|--|---|----------|----------|-------------|-------------------------|--|--|--|
| | All Patients | Warfarin | Apixaban | Rivaroxaban | Dabigatran/ Edoxaban | | | |
| 6 months: Nursing or Anticoagulation Clinic Phone Call | → Assess medication compliance, bleeding complications, recurrent/ progressive thrombotic symptoms, scheduled procedures, concomitant medications → Patients with Cockcroft-Gault CrCl 30-75 mL/min, repeat renal function testing | | | | | | | |
| 9 months: Nursing or Anticoagulation Clinic Phone Call | → Assess medication compliance, bleeding complications, recurrent/ progressive thrombotic symptoms → Patients with Cockcroft-Gault CrCl 30-50 mL/min, repeat renal function testing | | | | | | | |
| 1 year: Clinic Visit | → Assess medication compliance, bleeding complications, recurrent/ progressive thrombotic symptoms → Repeat renal function testing | | | | | | | |

References: FDA prescribing documents (www.fda.gov)

Europace. 2015 Oct; 17(10:1467-507) www.anticoagulationtoolkit.org