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
☐ Renal Insufficiency/ Failure
☐ Angina/Active Chest Pain
☐ Atrial fibrillation
☐ Cellulitis
☐ Bleeding diathesis
☐ Heart failure
☐ Recurrent or prior DVT/PE
☐ PVD
☐ Poorly Controlled Diabetes
☐ 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
  o 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