

RETU DVT Pathway

Required testing prior to RETU

- CBC
- Chem 7
- PT/INR, aPTT
- Doppler US results
- Pregnancy test (appropriate age female)

ED Evaluation

Not appropriate for RETU

- Hemodynamic instability and/or hypoxia
- Patient at high risk for hemorrhage
- Limb-threatening thrombosis
- Thrombolysis (eg, catheter-directed) or pharmacomechanical thrombectomy needed
- IVC filter placement needed
- Pregnancy with delivery planned
- Contraindication to outpatient use of anticoagulation medication

RETU Intake Evaluation

(do not repeat testing if already done in ED)

Exam Focus

- Cardiopulmonary
- Vascular

Initial Testing

- Labs: **CBC**, **Chem 7**, **PT/PTT** (others as clinically indicated)

Monitoring

- Vital signs q4h
- Vascular status
- Pulmonary status

Consults

(as indicated)

- Vascular consult

RETU Treatment / Evaluation

DOACs

(Direct Oral Anticoagulants)

or

Enoxaparin

or

Enoxaparin + Warfarin

Place **nursing communication** for teaching if on enoxaparin

Ensure patient or family member is comfortable with self-injecting

Discharge with INR check in 2 days if on warfarin

DOACs*

- Rivaroxaban 15mg PO bid x21 days
- Apixaban 10mg PO bid x7 days

*Ensure insurance can fill medication by calling pharmacy after prescribing or involving social work

Enoxaparin

- 1 mg/kg SC q12h
- Alt: 1.5 mg/kg SC daily

Warfarin

- 2-5mg PO daily on day 1-2 of parenteral anticoagulation

Disposition Guidelines

Discharge from RETU

- Acceptable vital signs
- No development of criteria for admission (as per exclusion criteria)
- Lower extremity exam at baseline
- Pain absent or managed
- Outpatient anticoagulation plan established

Admission to Hospital

- Unstable vital signs/other deterioration of clinical status
- Anticoagulation not tolerated (i.e. bleeding, allergic reaction)
- Unable to satisfy follow-up requirements
- Unsafe home environment/inability to adhere as determined by social work/case management