## SCOPE:
Western Australia

### RED
Unsuitable for community admission to HATH. Refer to ED/Inpatient management. (May become suitable for HATH after inpatient stabilisation).

- Co-existing medical conditions requiring hospital admission.
- Known or suspected hypersensitivity to warfarin or enoxaparin (unless under the governance of a consultant Haematologist or thrombosis clinic).
- Pregnancy.
- Signs and symptoms suggestive of pulmonary embolus – refer to Pulmonary Embolus Protocol.
- Signs and symptoms suggestive of massive proximal DVT

### ORANGE
Requires discussion with Medical Governor and/or Haematologist prior to acceptance.

- Conditions that increase risk of bleeding:
  - Recent major surgery
  - History of familial bleeding disorders
  - Peptic ulcer disease
  - Increased risk of falls
  - Thrombocytopenia
  - Uncontrolled hypertension

### GREEN
Accepted for HATH protocol.

- Suspected DVT and Echo Doppler studies available next working day.
- Client’s medical condition has been assessed as stable, has a clear diagnosis/prognosis and is at low risk of deterioration.
- Over 13 years, suitable for adult dosing and not under the care of a Paediatrician.

### ASSESSMENT
- Confirm that Echo Doppler studies are organised for next working day.
- Confirm client not on any other oral anticoagulants.
- Check weight

### PATHOLOGY WORK UP
Verify if any recent pathology has been ordered prior to requesting the below:

- **Baseline blood tests:**
  - Full blood picture (FBP) for baseline platelet counts
  - Urea & electrolytes to assess renal function
  - Coagulation profile (INR, APTT, fibrinogen)
  - Liver function tests.

- Day 5, repeat FBP to assess platelet count for heparin induced thrombocytopenia.

Calculate creatinine clearance using Cockcroft – Gault equation.
GENERAL MANAGEMENT

- Access blood results from referral source.
- Collaborate with medical governance doctor regarding any abnormal test results.
- Daily nursing assessment as per Deep Vein Thrombosis (DVT) Assessment Tool. Collaborate with medical governance doctor if any deterioration in client's condition.
- Administer enoxaparin sodium as per medical authority.
- Encourage gentle ambulation and legs elevation when resting.
- Confirm Echo Doppler studies appointment.

TREATMENT

Recommended Enoxaparin Dose*

<table>
<thead>
<tr>
<th>Renal function</th>
<th>Treatment dose</th>
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</thead>
<tbody>
<tr>
<td>Normal renal function</td>
<td>• 1.5 mg/kg SC daily** or</td>
</tr>
<tr>
<td>CrCl &gt; 30mL/min</td>
<td>• 1 mg/kg SC BD</td>
</tr>
<tr>
<td>Severe renal impairment</td>
<td>• 1 mg/kg SC daily</td>
</tr>
<tr>
<td>CrCl &lt; 30mL/min</td>
<td></td>
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</tbody>
</table>

* Twice-daily dosing of enoxaparin is preferred for patients at high risk of bleeding or of thrombus extension, such as patients who are older, obese or have a malignancy.
**If dose required is greater than 150mg, dose must be given as twice daily dose.

MEDICAL GOVERNANCE

- The client has access to medical governance support for 24 hours per day, 7 days per week.
- Primary medical governance can be by referring medical specialists, credentialed referring GPs or by Silver Chain medical staff.
- When governance is retained by a Silver Chain medical officer the client will have a medical review within 48 hours of admission and the medical officer will determine when the scheduled follow up and discharge will occur.
- Where the primary medical governor is unavailable the Silver Chain medical officer can provide the medical governance.
- Care delivery is planned and provided in consultation with the client, medical officer/specialist holding medical governance and nursing staff.
- In the instance when a client's condition deteriorates the Silver Chain medical officer or nursing staff will confer with an emergency department medical officer.
- A summary of the episode of care is sent to the referrer or the client's GP at discharge.

FOLLOW UP

- Ensure the client has an appointment arranged with own General Practitioner (GP) prior to discharge to ensure continuity of care.
- Fax protocol with client discharge summary to GP.
REFERENCES