

SCOPE: Western Australia

<p>RED Unsuitable for community admission to HATH. Refer to ED/ Inpatient management. (May become suitable for HATH after inpatient stabilisation).</p>	<ul style="list-style-type: none"> • 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
<p>ORANGE Requires discussion with Medical Governor and/or Haematologist prior to acceptance.</p>	<p>Conditions that increase risk of bleeding:</p> <ul style="list-style-type: none"> • Recent major surgery • History of familial bleeding disorders • Peptic ulcer disease • Increased risk of falls • Thrombocytopenia • Uncontrolled hypertension
<p>GREEN Accepted for HATH protocol.</p>	<ul style="list-style-type: none"> • 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*

Renal function	Treatment dose
Normal renal function CrCl > 30mL/min	<ul style="list-style-type: none"> • 1.5 mg/kg SC daily** or • 1 mg/kg SC BD
Severe renal impairment CrCl < 30mL/min	<ul style="list-style-type: none"> • 1 mg/kg SC daily
<p>* 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.</p> <p>**If dose required is greater than 150mg, dose must be given as twice daily dose.</p>	

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

- Winter M, Keeling D, Sharpens F, Cohen H, Vallance P. Procedures for the outpatient management of patients with deep vein thrombosis. *Clin Lab Haem* 2005;27:61-66.
- Deep Vein Thrombosis, Therapeutic Guidelines Ltd (eTG March 2017 edition) Therapeutic Guidelines Available from:
[deep-vein-thromobosis-and-pulmonary-embolism-treatment&guideline](#)
- WA TAG Information for Patients. Living with Warfarin. Department of Health 2016.
http://www.watag.org.au/wamsq/docs/Living_with_Warfarin.pdf