

# evidence based guidelines

## DEEP VENOUS THROMBOSIS

### Above the knee and upper extremity DVT

**EITHER** treat with Direct Oral Anti-Coagulant (DOAC) for 3 months (longer if high risk)

- Rivaroxaban (Xarelto) 15mg twice daily x 21 days, then 20mg daily (avoid if CrCl <30)
- Apixaban (Eliquis) 10mg twice daily x 7 days, then 5mg twice daily (avoid if CrCl <15)

**OR** begin Low-Molecular Weight Heparin, transition to warfarin for 3 months (longer if high risk)

- Enoxaparin (Lovenox) 1mg/kg twice daily (1mg/kg once daily if CrCl <30) until INR > 1.8
- Begin warfarin at 2 - 5mg per day. Consider a higher dose for younger patients (esp. male)
- Check PT/INR in 2-3 days
- Goal INR 2.0 – 3.0

### Below the knee DVT (below the popliteal vein)

Treat with anticoagulation as an above-the-knee DVT

Anticoagulation may be avoided if ALL of the following are true:

- Patient is at high risk for bleeding or prefers to avoid anticoagulants
- Symptoms are mild
- Patient is at low risk of thrombus extension
  - No hypercoagulable state (e.g. cancer, antiphospholipid antibodies, immobility)
  - A reversible cause of clotting is no longer present (e.g. patient is recovered from surgery or oral estrogen is discontinued)
  - Thrombus is distant from the popliteal vein (i.e. soleus or gastrocnemius veins)

If patient is not to be anticoagulated:

- Perform serial ultrasounds once weekly for two weeks
- Treat with 3 months of anticoagulation if symptoms worsen or clot extends

### Superficial Vein Thrombosis (SVT) of the lower extremity

Consider 45 days of low-dose anticoag. (Xarelto 10mg daily or fondaparinux 2.5mg SC daily) if:

- An SVT is  $\leq$  5cm from a deep vein
- The length of an SVT is 5cm or more
- An SVT progresses despite symptomatic care

Consider 3 months of treatment with full anticoagulation if:

- Patient with an SVT has a hypercoagulable state (e.g. cancer, antiphospholipid antibodies, immobility)
- An SVT extends or recurs despite low-dose anticoagulation above

### Notes

- Consider testing for a hypercoagulable state if the results would change management and there is a personal or family history of recurrent thrombosis or if the patient has a prolonged Partial Prothrombin Time (PTT).
- The physician ordering the test which identifies the DVT should initiate treatment immediately. If that provider wishes primary care to assume management after initial treatment has been started, they should contact the PCP directly during standard business hours.