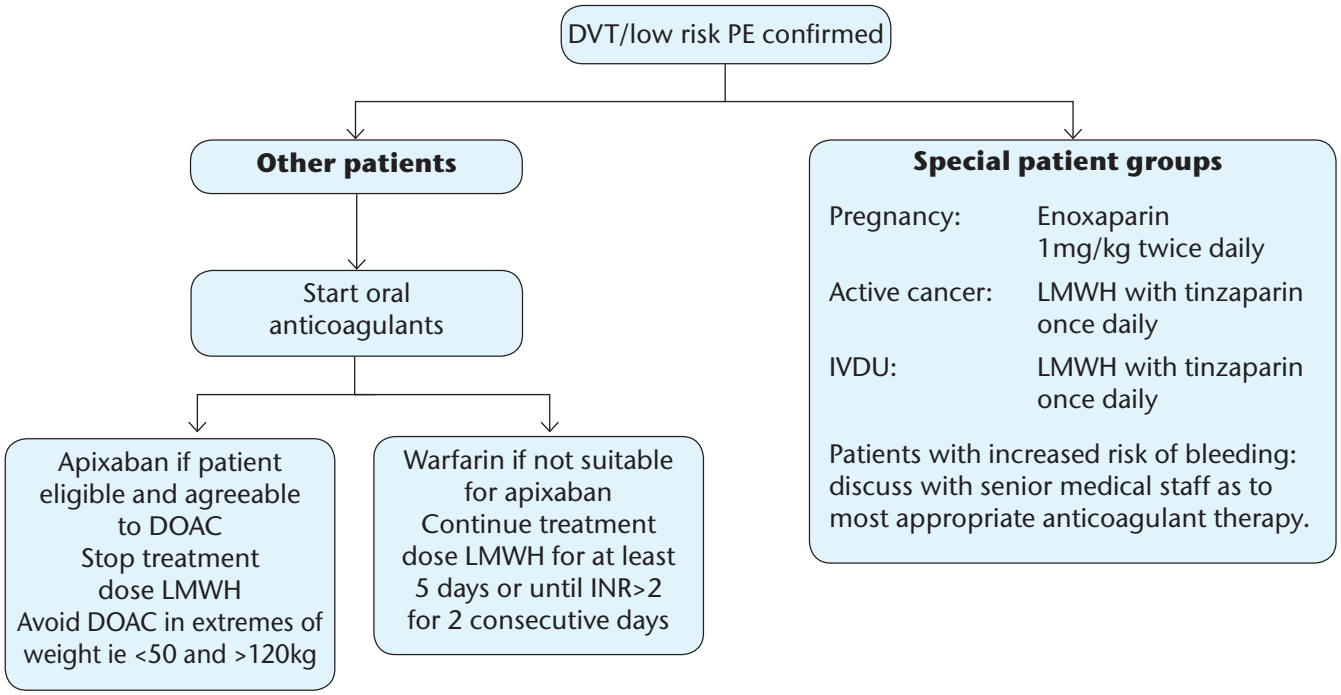
Management of patients with confirmed DVT and low-risk PE (based on simplified PESI score)

Treatment dose LMWH (usually tinzaparin in NHSL) should have been started as soon as possible in patients with suspected VTE unless there are definite contraindications to anticoagulation. Baseline renal function is advised to guide whether to dose-reduce LMWH (caution in eGFR <30 and contraindicated in eGFR <15).



Pregnancy: ☐ Yes ☐ No **(if yes, ORAL ANTICOAGULANTS CONTRAINDICATED)**

All pregnant patients should be discussed with on call Obs/Gyn middle grader at UHW as patient will need early obstetric review and referral to MOT clinic

Pregnant patients with acute VTE should be treated with **Enoxaparin 1mg/kg twice daily, based on current weight**

Eligibility for Apixaban:

Exclusion criteria for Apixaban:

- Age <18
- Weight <50kg and >120kg
- Creatinine clearance <15 ml/min
- Suboptimal compliance with regular medications
- Antiphospholipid syndrome
- Active Cancer where LMWH is drug of choice
- Pregnant or breastfeeding women
- Liver disease associated with cirrhosis and or coagulopathy
- Concurrent use of contra-indicated medications
  - Triazole and Imidazole antifungals (except Fluconazole)
  - Protease inhibitors
  - Strong CYP3A4 inducers e.g. Rifampicin, Phenytoin, Carbamazepine
- Patients considered unsuitable for any form of anticoagulation because of increased risk of bleeding

For patients suitable for Apixaban:

- Start Apixaban 10mg twice daily for 1 week, to be issued by hospital pharmacy, followed by 5mg twice daily for 3-6 months (to be prescribed by GP)
- First dose of Apixaban to be administered 22-24hrs after last treatment date of LMWH
- Consider referral to NHSL Anticoagulant Clinic for 1-2 visits if further counselling on DOAC required or compliance likely to be an issue

For patients to be started on Warfarin:

- Prescribe warfarin guided by age-adjusted Fennerty induction protocol on NHSL warfarin inpatient chart
- Daily INR to dose warfarin
- Continue treatment dose LMWH for 5 days or until INR >2 on two consecutive days
- Refer to NHSL Anticoagulant clinic

CAUTION

- Patients on dual antiplatelet therapy following cardiac intervention - discuss with cardiology for most appropriate anticoagulant

A Hung, Mar 2020 Review Date May 2023

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