**Michigan Quality Improvement Consortium**  
**Clinical Practice Guideline Update Alert**

**Guideline:**  
[Outpatient Management of Acute Uncomplicated Deep Venous Thrombosis](#)

**Released:**  
August 2019

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

**Updated recommendations include:**

**Definitions**

Acute DVT: new thrombosis in lower extremity deep veins (iliac, common femoral, femoral, deep femoral, popliteal, anterior/posterior tibial or peroneal).

**Initial Assessment**

- Assess for absolute contraindications to outpatient management: fresh surgical wound, active GI bleeding, history of intracranial hemorrhage, multiple/major trauma, recent neurosurgery/spine surgery, medication compliance concerns, concurrent symptomatic pulmonary embolism, renal failure, non-ambulatory due to DVT, platelet count <50,000. Low molecular weight heparin (LMWH) is contraindicated if history of heparin-induced thrombocytopenia (HIT).

**Initiating Therapy**

Begin anticoagulation therapy as soon as possible with one of these 3 options (proper dosing is required¹). See guideline for all options

- **Direct oral anticoagulants (DOACs)** – preferred therapy, but avoid in patients taking antiplatelet agents, azole antifungals,² several protease inhibitors,³ and some anticonvulsants.⁴ NSAIDS increase risk of bleeding.
  - Rivaroxaban, apixaban (direct Factor Xa inhibitors): does not require LMWH bridging or lab test for monitoring; reversal agent (andexanet alfa) available. Do not use if eGFR < 30 ml/min.
- **Warfarin** with LMWH bridging for 5 days; requires initial and periodic INR monitoring to maintain therapeutic range of 2.0-3.0. Anti-clotting action can be reversed with oral or IV vitamin K and plasma clotting factors (prothrombin complex concentrate [PCC] is preferred over fresh frozen plasma).
- **LMWH as monotherapy** (recommended in active cancer or pregnancy). In low-risk patients with HIT, use fondaparinux instead.

Duration of therapy is 3 months for acute uncomplicated DVT with a clear precipitating cause ("provoked DVT"). Recurrent, unprovoked or other types of DVT may require long-term anticoagulation.

**Testing/Monitoring**

- For patients on warfarin: order and check INR on 3rd day after drug initiation and frequently thereafter (usually 2 checks/week in first 3 weeks of therapy).
  - Monitor INR results through an anticoagulation clinic, or use standardized protocols (such as established anticoagulation toolkit¹).

¹Michigan Anticoagulation Quality Improvement Initiative Anticoagulation Toolkit Version 1.7
²e.g., ketoconazole
³e.g., ritonavir
⁴e.g., phenytoin, carbamazepine