



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

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

Released: September 2021

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, peroneal, gastrocnemial).

Initial Assessment

- Diagnosis of acute DVT must be confirmed by duplex ultrasonography or CT venogram. [A] If ultrasound negative and clinical suspicion, repeat ultrasound in 1 week.
- Assess for relative contraindications to outpatient management: severe hypertension (BP systolic > 220 or BP diastolic > 110 mmHg); platelet count 50,000-100,000; GI bleed within past 6 months; CKD Stage IV (estimated GFR [eGFR] < 30 ml/min); morbid obesity (BMI > 40 kg/M²), medical co-morbidities, recent major surgery or eye surgery (consult with surgeon).

Initiating Therapy

If anticoagulation contraindicated, refer for IVC filter. Begin anticoagulation therapy as soon as possible with one of these 3 options (proper dosing is required¹):

- Direct oral anticoagulants (DOACs) – preferred therapy, but avoid in patients with advanced renal failure and those taking antiplatelet agents,azole antifungals,² several protease inhibitors,³ and some anticonvulsants.⁴ NSAIDS increase risk of bleeding.

Testing/Monitoring

- Especially in cases of nonprovoked DVT, ensure that all age appropriate screening for malignancies are up to date.