

Acute DVT

Physical Examination / Labs:

- Lower extremity: swelling, warmth, muscle strength, Homan's, Liskers
- Vitals: tachypnea/tachycardia
- Lung exam
- NST/AFI
- Baseline SVE
- Sono: EFW

Orders:

Diagnosis	Orders
R/O DVT	<ul style="list-style-type: none"><input type="checkbox"/> D-Dimer<input type="checkbox"/> Lower extremity Doppler venography<input type="checkbox"/> CEFM (if viability reached)<input type="checkbox"/> If D-Dimer positive and LE Doppler negative with high pretest probability for DVT repeat LE Doppler venography in 2-3 days
DVT Confirmed	<ul style="list-style-type: none"><input type="checkbox"/> Observe on L&D<input type="checkbox"/> CEFM (if viable)<input type="checkbox"/> Antithrombin III, Prothrombin gene (G20210A) mutation, factor V Leiden, protein C, protein S, lupus anticoagulant, anticardiolipin antibody, anti-β2 glycoprotein<input type="checkbox"/> Lovenox: 1 mg/kg subcutaneously q 12 hours<input type="checkbox"/> Arixtra: 5 mg (body weight <50 kg), 7.5 mg (50 to 100 kg), or 10 mg (>100 kg) subcutaneously once daily<input type="checkbox"/> Measure anti-Xa 3-4 hours after am dose, target 0.5-1.2 U/mL<input type="checkbox"/> Stop Lovenox 24 hours prior to scheduled delivery
Postpartum	<ul style="list-style-type: none"><input type="checkbox"/> Restart Lovenox 6-8 hours after delivery once hemostasis confirmed<input type="checkbox"/> Bridge to Coumadin with target INR 2.0-3.0 for 6 weeks, or until 6 months after acute DVT diagnosed

Discharge:

- Able to administer self injections
- NST/AFI 2x/week after 32 weeks
- Check platelet levels 2 weeks after initiation of anticoagulation
- Serial growth ultrasounds

CC: Leg pain/swelling

Updated: 7/5/11

History:

- Unilateral leg swelling
- Unilateral leg pain

Differential Diagnosis:

Edema of pregnancy, pre-eclampsia, somatic dysfunction

Necessary Documentation:

- Respiratory rate
- Pulse
- O₂ saturation

Notes:

- Lower extremity Doppler venograms only image compressibility of the deep venous system to the level of the popliteal fossa. Consider MRI venogram if deep calf vein thrombosis suspected.
- Consider spiral CT if high clinical suspicion for Pulmonary Embolism.

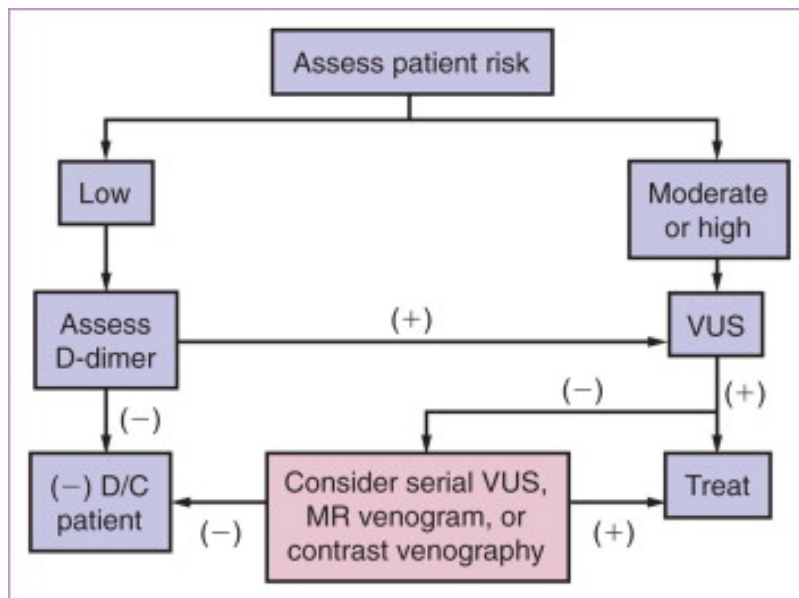


Figure 1 Algorithm for Diagnosis of Acute DVT

References:

- **ACOG Compendium**, Thromboembolism in Pregnancy, Practice Bulletin 19, August 2000
- **ACOG Compendium**, Antiphospholipid Syndrome, Practice Bulletin 119, January 2011
- **Creasy and Resnik's Maternal-Fetal Medicine: Principles and Practice**, Sixth edition
- Shannon M. Bates, Ian A. Greer, Jack Hirsh and Jeffrey S. Ginsberg, **Use of Antithrombotic Agents During Pregnancy : The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy**, *Chest* 2004;126;627S-644S