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

**Testing/Monitoring**
o Especially in cases of nonprovoked DVT, ensure that all age appropriate screening for malignancies are up to date.