

TREATMENT GUIDELINES

Prior to starting therapy, it is recommended that patients with a venous thrombosis undergo a routine laboratory evaluation including:

- Serum chemistries
- Complete blood count
- Baseline prothrombin time (PTT) and
- Activated partial thromboplastin time (aPTT) (Perry, 2003).

Participants at the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy recommend that patients with objectively confirmed deep vein thrombosis, be treated in the **short-term** with:

- Subcutaneous low molecular weight heparin *or* IV unfractionated heparin (for at least 5 days), *and*
- A vitamin K antagonist
- Discontinue heparin when the international normalized ratio is stable and > 2.0 .

If it is a patient's first episode of idiopathic DVT of the leg, they recommend **long-term** treatment with:

- A vitamin K antagonist for at least 6 to 12 months

These guidelines are spelled out in more detail in the article by Büller, et.al. and summarized the forms below:

Büller HR, Agnelli G, Hull AR, Hyers TM, Prins MH, Raskob GE. (2004) Antithrombotic therapy for venous thromboembolic disease: The seventh ACCP conference on antithrombotic and thrombolytic therapy. Chest 126(3)_suppl/401S-428S.

http://www.chestjournal.org/content/126/3_suppl/401S.full.pdf+html

TREATMENT GUIDELINES FORM:

- [Initial Treatment of DVT of the Leg](#)
- [Long-term Treatment of Acute DVT of the Leg](#)
- [Treatment/Prevention of Post-Thrombotic Syndrome \(PTS\)](#)
- [Initial Treatment of Pulmonary Embolism](#)
- [Long-term Treatment of Acute Pulmonary Embolism](#)