

**Scope and Target Population:**

Adult patients age 18 and over with venous thromboembolism (VTE), excluding those with familial bleeding disorders or pregnancy.

**Aims:**

1. Improve accurate diagnosis and treatment of venous thromboembolism (VTE).
2. Prevent progression or recurrence of thromboembolic disease.
3. Safely use anticoagulants to reduce the likelihood of patient harm and complications of anticoagulation therapy.
4. Increase the percentage of patients who are evaluated for medication reconciliation upon change in level of care and/or upon discharge.

**Clinical Highlights:**

- A clinical pretest probability assessment should be completed in patients with suspected venous thromboembolism.
- D-dimer can be used as a negative predictor to eliminate need for further testing.
- Confirm diagnosis of lower extremity deep vein thrombosis (DVT) with imaging study, preferably duplex ultrasound (with compression).
- In patients with a high clinical pretest probability for pulmonary embolism (PE), begin anticoagulation without delay.
- Achieve rapid, effective anticoagulation.
- In patients with acute VTE, heparin (UFH or LMWH) or fondaparinux should be given for at least five days and until the INR  $\geq 2.0$  for two consecutive days.
- Arrange for home therapy in appropriate patients.