

# Guide for Hospital In The Home (HITH) Patients with DVT Discharged To General Practitioner Care

## Hospital Treatment

- Suitable patients presenting to the Emergency Department (ED) with a DVT will be cared for by HITH. The ED medical staff diagnose the patient before transferring care to HITH. Warfarin is commenced with Low Molecular Weight Heparin (LMWH) given until the INR is therapeutic
- Patients maybe suitable for clinical trials of new antithrombotic agents as organised by Haematology Department
- The target INR range for DVT patients is between 2.0 - 3.0 (optimal target - 2.5)

## HITH Treatment

- Generally patients are not seen by medical staff once discharged from ED. A medical team is kept informed of the patient's INR with HITH nursing staff titrating the Warfarin dose
- Only the Marevan® brand of WARFARIN is used at Fremantle Hospital. NB. The brands Marevan® and Coumadin® are **not equivalent**
- Below knee anti-embolic compression stockings are effective at reducing the incidence and severity of post-thrombotic syndrome and should be worn from the start of treatment until at least 3 months
- Once the INR has been therapeutic for two days HITH discharge the patient to their GP for ongoing management. Whilst only patients who are considered low risk are transferred to HITH and GP follow-up, further investigation and referral to a Haematologist may be indicated following GP review. If indicated, the GP orders a thrombophilia screen three weeks after ceasing Warfarin and a referral to a Haematologist can be arranged if indicated
- No other hospital follow-up is routinely provided

## Duration of Therapy

In general:-

- First episode with recognised VTE risk factor continue Warfarin for 3 - 6 months
- First episode of idiopathic VTE continue Warfarin for 6 months

Page 1 of 2

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References *Reference: Australian Medicines Handbook 2007*

Flexible approach: -

Suggest repeat doppler scan at 3 months.

If incomplete resolution of thrombus continue Warfarin for a further 3 months and re-scan.

If there has been a poor response to Warfarin with little thrombus resolution consider a 1-2 month treatment with daily LMWH at therapeutic doses then reassess by doppler scan

Prior to discontinuing treatment discuss with a Haematologist

*Reference: Australian Medicines Handbook 2007*