

Jackson County Medical Control Authority
Community Paramedicine Protocols
Deep Venous Thrombosis

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Page 1 of 1

Deep Venous Thrombosis (DVT)

Indications: This protocol provides general guidance for the evaluation of patients with complaint of DVT under the Community Paramedicine Program. The CPU will respond to a residence on request from the primary care provider, on request by the patient through 911 triage or on referral from ALS 911 response. The CP will follow guidelines outlined by the primary care providers or on-line medical direction orders.

Purpose: To assess the patient with a *known* DVT, provide initial treatment and differentiate between the patient who can be treated at home vs. those who will require ED evaluation.

CPU Directives:

1. Follow **General Protocol for CPU Patient Assessments**.
2. Obtain and review patient health history and primary care provider/vascular surgery orders prior to evaluation when available.
3. Assess the patient's extremity that is affected by DVT. Check for pulses, skin temperature, and color (pallor, ecchymosis)
4. Evaluate and update the patient's current medication list
5. Assess patient's kidney function by performing chemistry panel via iStat.
6. Patients with systemic symptoms or vital sign changes or significant lab abnormalities may need transported to the ED for evaluation.
7. Patients without systemic symptoms and stable vital signs may be appropriate for home treatment, and close follow up.
8. Discuss medication list, patient assessment, and laboratory results with online medical control to determine the most appropriate medication regimen for the patient, including possible anticoagulation.
9. Assist patient with administration of initial dose of anticoagulant, if applicable
10. Contact the PCP or on-line medical direction per the **General Protocol for CPU Patient Assessments**. Provide patient report and discuss treatment and continuity plan.
11. Continue treatment and follow the **General Protocol for CPU Patient Assessments** until a disposition is determined and continuity plan completed.