

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE  
(JAPC)**

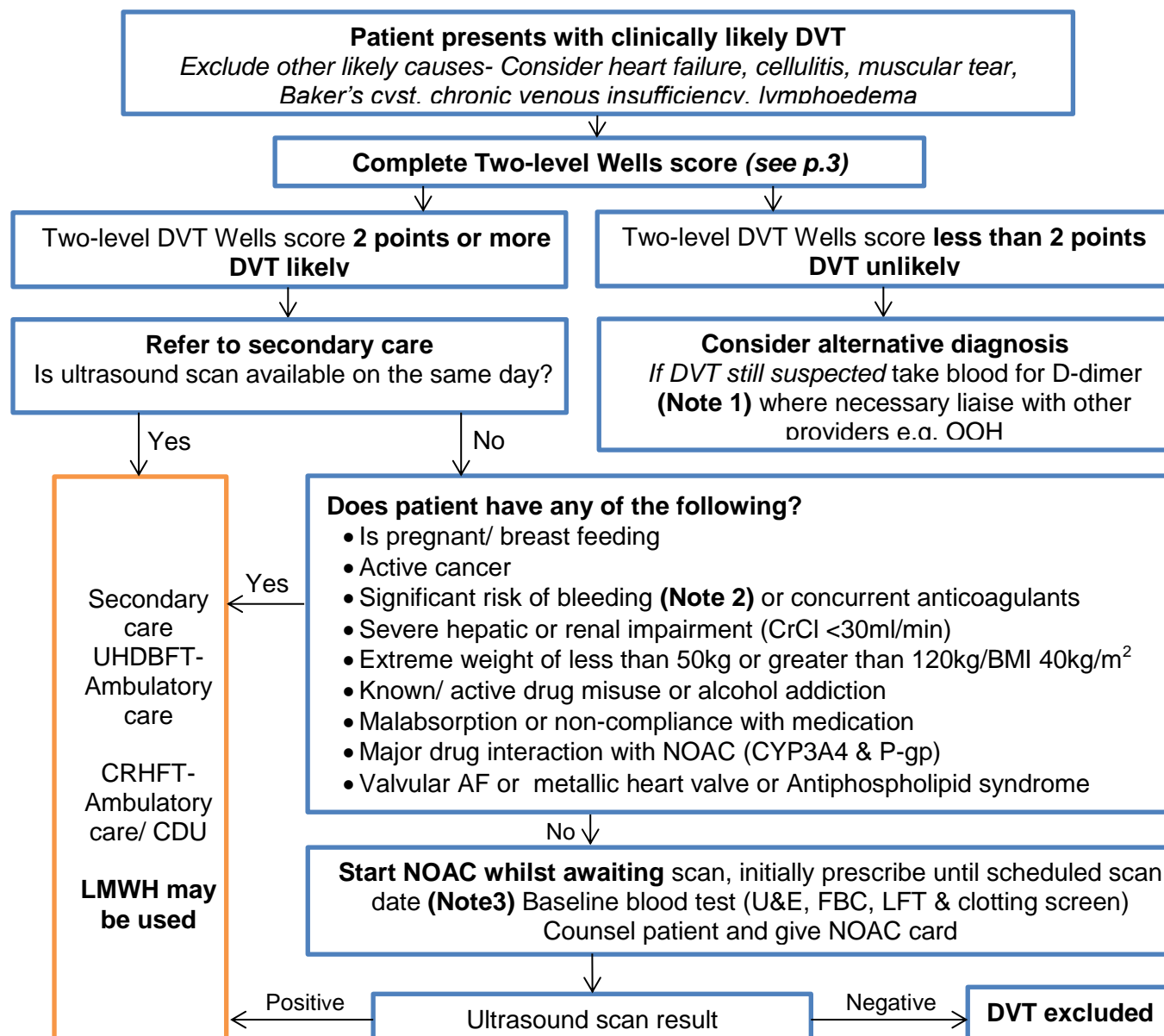
**Protocol for Non-Vitamin K antagonist Oral Anti-Coagulant (NOAC) for Suspected DVT  
in Primary care**

**Introduction**

Traditionally a low molecular weight heparin (LMWH) is used for rapid anticoagulation in venous thromboembolism (VTE) before commencing on oral anticoagulants (see [LMWH guideline](#)). Increasingly NOACs are being used whilst patients are awaiting confirmation of diagnosis. This has the advantage of oral administration and simpler regime. NICE recommends NOACs as options for the treatment of DVT and prevention of recurrent DVT/ PE (TA261, 327, 341, 354).

The pathway below has been developed to aid management of suspected DVT in adults in primary care, in the event that proximal leg vein ultrasound scan cannot be performed on the same day of being requested.

## Primary care pathway for managing suspected DVT in adults where immediate scan not available



### NOTES

1. DVT can be excluded with negative D-dimer; Refer to secondary care if D-dimer positive e.g. >500µg/l.
2. Examples of significant risk factor for major bleeding include:
  - current or recent gastrointestinal ulceration; known or suspected oesophageal varices
  - recent brain or spinal injury, or intracranial haemorrhage
  - recent brain, spinal, or ophthalmic surgery
  - arteriovenous malformation, vascular aneurysms, or major intraspinal or intracerebral vascular abnormalities
3. An informed discussion should take place between the clinician and the patient about the risks and benefits of NOACs compared with LMWHs pre-diagnosis of VTE.

On a patient by patient basis use clinical judgement to decide the relevance of undertaking new blood tests and time in delay to treatment. Consider likelihood of renal dysfunction, previous blood test results, and ability to get result in timely manner. **Seek secondary care advice if NOAC cannot be started in primary care as patient require anticoagulation treatment e.g. with Low molecular weight heparin.**

## Two- level DVT Wells score

Clinical Feature	Points
Active cancer (treatment ongoing, within 6 months, or palliative)	1
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1
Recently bedridden for 3 days or more or major surgery within 12 weeks requiring general or regional anaesthesia	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen	1
Calf swelling at least 3 cm larger than asymptomatic side	1
Pitting oedema confined to the symptomatic leg	1
Collateral superficial veins (non-varicose)	1
Previously documented DVT	1
Alternative diagnosis at least as likely as DVT	-2
<b>Clinical probability simplified score</b>	
<i>DVT 'likely'</i>	<i>2 points or more</i>
<i>DVT 'unlikely'</i>	<i>Less than 2 points</i>

Wells PS, Anderson DR, Rodger M, Forgie M, Kearon C, Dreyer J et al. Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis. *New England Journal of Medicine*. 2003; 349(13):1227– 1235

## Prescribing information

Take into account clinical and patient factors when choosing appropriate anticoagulant. See below and [local AF guideline](#) 'choice of oral anticoagulants'.

NOACs used for suspected DVT is off-label. Edoxaban and Dabigatran have not been included in this guideline as their licensing for treating DVT includes a period of using LMWH.		
Drug	Apixaban <sup>▼</sup>	Rivaroxaban
Dose to prescribe whilst awaiting scan	10mg twice daily	15 mg twice daily
Quantity	Initially prescribe until scheduled ultrasound scan date. Note- Only add to patients records as an acute prescription.	
Dose for <u>confirmed</u> DVT (as advised by secondary care)	10mg twice daily for the first 7 days Followed by 5mg <b>twice daily</b>	15mg twice daily for day 1-21 Followed by 20mg <b>once daily</b>
	If DVT confirmed and treatment continued, specify treatment length or review date on repeat prescription.	
Patient Counselling  <i>ensure patient has NOAC card</i>	<ul style="list-style-type: none"> <li>Off-licensed use prior to confirmation of diagnosis</li> <li>Importance of compliance with treatment</li> <li>May need to have regular blood test to check renal function</li> <li>That if they require surgery they may have to stop NOAC treatment temporarily.</li> <li>To seek immediate medical advice if spontaneous bleeding occurs and does not stop, or recurs; or if they get sudden severe back pain (may indicate spontaneous retroperitoneal bleeding).</li> <li>Not to take over-the-counter medicines such as nonsteroidal anti-inflammatory drugs.</li> <li>What to do if there has been a missed dose or if a double dose has been taken.</li> </ul> CRHFT counselling video for patients newly started on NOAC. <a href="#">Link</a>	
Administration	Can be taken with or without food	Must be taken with food
	For swallowing difficulty/ enteral tubes see local AF guideline	
Monitoring	Baseline blood test (U&E, FBC, LFT & clotting screen) If >3 months treatment course appropriate refer to local AF guideline appendix 6.	

## References

1. CKS- Deep Vein Thrombosis <https://cks.nice.org.uk/deep-vein-thrombosis> accessed 12/10/2018
2. Derbyshire Shared Care Pathology Guidelines -Primary Care Assessment of Suspected DVT. Accessed 12/10/2018 <https://www.uhdb.nhs.uk/shared-care-pathology-guidelines>
3. NEWT guideline <http://newtguidelines.com/> accessed 12/10/2018