Outpatient management of deep vein thrombosis: a model with a breakdown of the continuum of care

C Paes and AM Kelly

Objectives: For emergency department (ED) patients with deep venous thrombosis (DVT) treated as outpatients, to determine treatment duration, complications and follow-up arrangements, in particular thrombophilia screening. Methods: Explicit, retrospective medical record review of patients with an ED discharge diagnosis of DVT over a three-year period. Data collected included demographics, location of DVT, duration of treatment, complications, hospital admission, mortality, follow-up arrangements and referral for thrombophilia screening. Main outcomes were the duration of treatment, rate of complications and requirement for hospital admission, follow-up arrangements and referral for thrombophilia screening for patients treated as outpatients. Results: Two hundred and fourteen patients with DVT were identified, of whom 74 [35%] were treated as outpatients. For this group, the median duration of treatment was eight days. There was one death from advanced neoplasia, two proven pulmonary emboli (PE) [2.7%, 95% CI 0.74-9.3%] and one suspected PE [1.4%, 95% CI 0.24-7.3%]. One patient had a recurrence of DVT within three months [1.4%, 95% CI 0.24-7.3%]. Few patients received specialist follow-up [25/74, 34%]. In 20 cases [27%], thrombophilia screening was neither performed nor recommended, despite no obvious cause for the DVT. Conclusion: Outpatient treatment of selected DVT is safe, although there is a small incidence of non-fatal PE. Follow-up and screening arrangements were sub-optimal in the study sample and treatment duration was long. An ambulatory care model with direct physician control is recommended to improve follow-up arrangements, monitor service performance and ensure that the service evolves with new evidence and processes. (Hong Kong j.emerg.med. 2004;11:5-11)

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