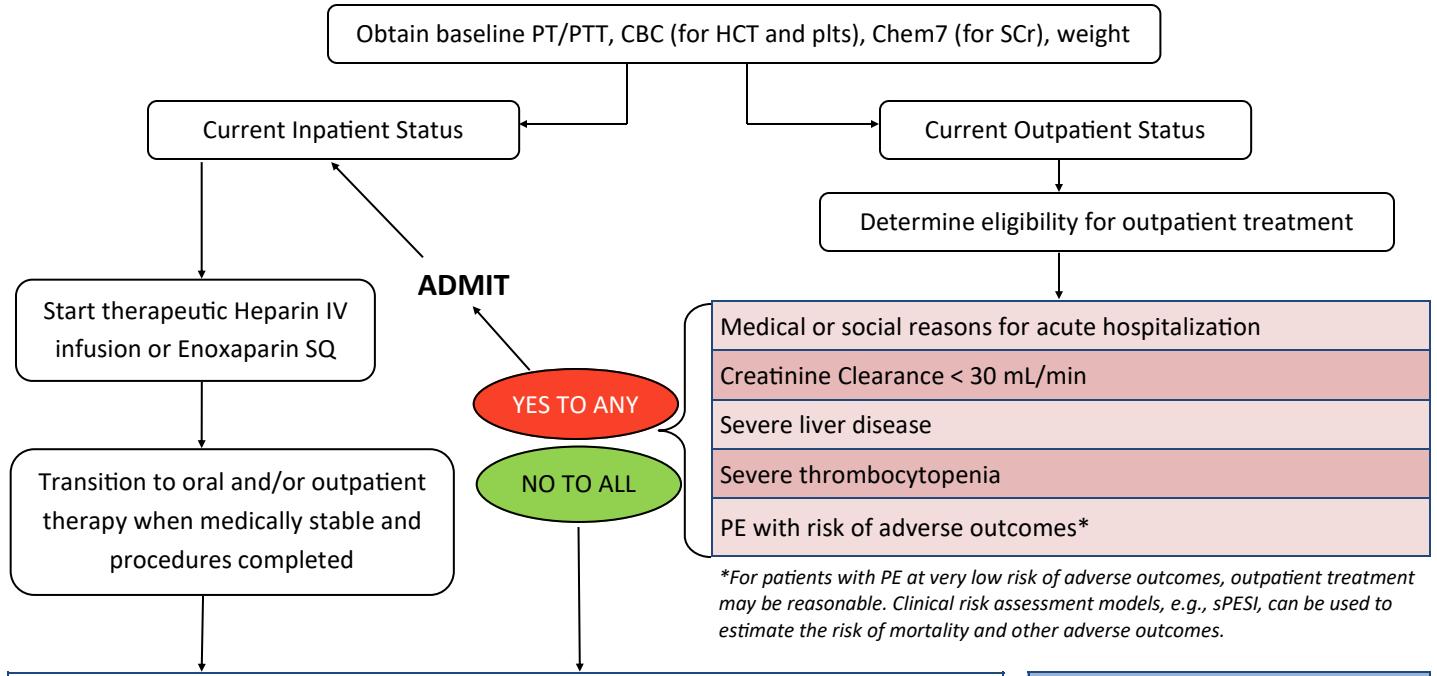


TREATMENT OF ACUTE VENOUS THROMBOEMBOLISM PULMONARY EMBOLISM & DEEP VEIN THROMBOSIS



SELECT TREATMENT OPTION based on patient characteristics, cost, convenience and patients preferences		
1.	Rivaroxaban 15 mg bid x 3 weeks, then 20 mg once daily	<ul style="list-style-type: none"> • Avoid in patients with CrCl < 30 mL/min • Avoid in patients on potentially interacting medications • Limited data for BMI > 40 kg/m² or weight > 120 kg
2.	Apixaban 10 mg bid x 7 days, then 5 mg bid	<ul style="list-style-type: none"> • Use with caution in patients with CrCl < 25mL/min • Avoid in patients on potentially interacting medications • Limited data for BMI > 40 kg/m² or weight > 120 kg
3.	Enoxaparin 1 mg/kg SQ q12h x 5-10 days, then dabigatran 150 mg bid	<ul style="list-style-type: none"> • Adjust enoxaparin dose if CrCl < 60 mL/min • Avoid dabigatran if CrCl < 30 mL/min • Avoid dabigatran in patients on potentially interacting meds • Not recommended for BMI > 40 kg/m² or weight > 120 kg
4.	Enoxaparin 1 mg/kg SQ q12h + warfarin Stop enoxaparin when INR > 2.0 after a minimum of 5 days of overlap	<ul style="list-style-type: none"> • Adjust enoxaparin dose if CrCl < 60 mL/min • Start warfarin on same day as heparin/LMWH

CRITERIA FOR sPESI (Simplified Pulmonary Embolism Severity Index)	
Age > 80 years	+ 1
Cancer (active or history)	+ 1
Heart failure or chronic lung disease	+ 1
Pulse > 110 bpm	+ 1
Systolic BP < 100 mmHg	+ 1
Arterial O2 sat < 90%	+ 1

