

PROTOCOL FOR: Deep Vein Thrombosis (DVT): Care of the Patient with Upper or Lower Extremity Deep Vein Thrombosis

DESIRED  
PATIENT OUTCOMES: 1. Patient will have minimal to no complication related to DVT.  
2. Patient will be able to understand signs and symptoms of pulmonary embolism and report them immediately.

CLINICAL  
ASSESSMENT/  
AND CARE: 1. Inspect extremities bilaterally for venous distention, edema, redness. Note symmetry/asymmetry. Feel extremities for warmth, hardness.  
2. Avoid massaging extremity.  
3. Monitor CSM every 8 hours and per MD order.  
4. Monitor baseline coagulation labs prior to initiating anticoagulation therapy. If starting continuous Heparin infusion, monitor PT/PTT per heparin protocol.  
5. Stress importance of keeping extremity elevated.  
\* 6. Note: Antiembolytic stockings and compression devices are contraindicated with DVT on the effected side.  
7. Activity per MD order  
8. Asses pain (Initiate Acute Pain Protocol)

REPORTABLE  
CONDITIONS: 1. Any signs and symptoms of PE (e.g., sudden dyspnea, restlessness, chest pain, confusion)  
2. VS outside parameters  
3. Any change in CSM  
4. Coagulation labs outside stated parameter

APPROVAL: Medical-Surgical Standards Review  
ICU Standards Committee  
Nursing Standards Committee

EFFECTIVE DATE: 1/94

REVISION DATES: 12/97, 5/03, 9/05