ICP for IV Drug User with Suspected DVT (excluding pregnant patients)

NHS Ayrshire & Arran

Patient Name: . . . . . CHI: . . . . . .

DVT management in IV Drug Users (past or present)
Consider BBV screen - 3 monthly (or opportunistic if < 3 months but ongoing risk taking)
If IVDU patient is pregnant, refer to on-call obstetrics – refer to BNF for safety and dosing of any drug in pregnancy

Initial attendance

Assess suitability for Outpatient management

- Cellulitis or injection site abscess → Admit for IV Antibiotics ± I&D[1]
- SOB / Chest pain →Consider PTE (see ADTC 302)
- Chaotic lifestyle-High chance DNA for scan →Consider IP DVT Management

Continuing IV drug use before Ultra-Sound Scan / review?

Yes → ***Do not administer*** anticoagulation. Discuss with consultant
No→ Administer anticoagulation (see ADTC 302) and reinforce avoidance of IV drug use

Arrange Outpatient Ultrasound slot & review appointment
Arrange return for LMWH or Apixaban (if appropriate) to treat until scan
Consider antibiotics if indicated
Give advice on possible DVT and anticoagulation[2]

Review

Acute DVT confirmed on ultrasound
(not chronic thrombus or fibrosis)

Reassess suitability for any out-patient anticoagulant therapy?
Exclusion criteria include:
Significant coagulopathy or platelets <75 x10^9/L
Likely to continue to inject or chaotic life style and not on a substitution programme
Not registered with primary care provider (GP, Community Homeless / Addiction Teams)[3]

Suitable

Continue anticoagulation (see options 1 & 2 below)
Review any cellulitis/abscess

Not Suitable

Consider stopping anticoagulant therapy & suggest self-referral to CAT[3].
Discuss with consultant

Ascertain if on a substitution programme

No: refer to hospital addiction liaison nurse for assessment [in-patients]. If out-patient provide information & encourage self referral to Community Addiction Team [CAT]

Yes: identify prescriber/pharmacist to obtain current substitution/dose regimen

Anticoagulation

Determine type and duration of anticoagulant therapy

Option 1

6 weeks Apixaban or LMWH - must be discussed with a consultant
[off-label duration, but safer if drug use unstable]

- If apixaban contra-indicated[4] [due to renal function or interacting drug] offer sc LMWH[4]
- Supply 21 days apixaban: 7 days of 10mg twice a day then subsequently 5mg twice a day and issue discharge letter to GP[4,7]
- Agree plan with primary care / substitution prescriber

Option 2

Standard 3 months Apixaban[4,7] or warfarin

- No IV drug use for >12 months
- Stable, non-chaotic life style (usually on, or completed, a substitution programme)
- Deemed likely to comply with medication & monitoring [if warfarin]
- Lifestyle and habits conducive to stable INR control (consider alcohol intake, other medicines etc.), if warfarin
- Agree plan with patient's primary care (substitution) prescriber **Establish on anticoagulant & refer to Anticoagulant clinic** [if warfarin]

Issue immediate discharge letter[7]

NHS A&A ICP for IV drug user with suspected DVT (adapted from GG&C protocol)
ADTC 109/5
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Ref: Medical Photography Medical/NC18-00478 DVT Pathway/IV DVT

Notes

1. If moderate to severe cellulitis/sepsis then admit for antibiotics. Consider liaison with microbiology regarding local infection patterns/antibiotic requirements. Ideal is 2x blood cultures pre antibiotics. Only consider for discharge if limited cellulitis without systemic upset.

   Antibiotic therapy should be prescribed as per NHS A&A Infection Management Guidelines (Antimicrobial companion) and/or microbiology or infectious diseases advice. Consider if any abscess requiring incision & drainage (I&D) – liaise with appropriate specialty (e.g. general surgeons, orthopaedics, plastics).

   Remember necrotising fasciitis, anthrax, myositis, tetanus and pseudoaneurysms can all occur in IVDUs.

2. Patient should be given routine DVT/anticoagulation patient advice and warned to avoid any further IV drug use.

3. If IVDU patient with proven DVT is not registered with any primary care service [GP, Community Addiction Team or Homeless Addiction Team] then best option may be short admission and liaison with Addiction Nurse and assistance to register with appropriate service. **Any decision not to offer anticoagulant therapy should be discussed with senior medical staff.**

4. For details of full Apixaban prescribing guidance and contra-indications, please refer to the BNF.

   Contra-indicated if: pregnant or breast feeding, contra-indicated if CrCl <15ml/min, co-medication with protease inhibitors or triazole or imidazole antifungals (except fluconazole).
   Caution if: CrCl 15-30ml/min. Warfarin is the preferred anticoagulant in this group Apixaban should be used with caution.
   Effect of Apixaban may be significantly reduced if given with some other drugs including Rifampicin, Carbamazepine, Phenytoin and some HIV agents (see BNF for full list). Risk of bleeding may be increased if used along side other drugs such as NSAIDs, Aspirin.

5. If prescribing therapeutic dose sc LMWH, a maximum of 15 doses [+sharps bin] should be issued from secondary care. Patients should be taught sc self injection technique. There is **no** need for platelet count monitoring for HIT.

   If continuing on LMWH, patients should be instructed (and observed) on subcut injection technique. Patients should be supplied a sharps bin for discarding needles and advised to return this to local needle exchange pharmacy or back to the hospital when full.

6. Primary care prescriber should start prescribing Apixaban from day 22. The patient should already be established on 5mg twice a day at this point - having completed the initial 7 days of 10mg twice a day.

7. A copy of the Immediate discharge letter should be given to patient (with copies to primary care prescriber +/- GP, if different).

   Immediate discharge letter should include
   - Diagnosis
   - Date of first dose Apixaban or LMWH
   - Intended duration of anticoagulant and its dose and proposed stop date
   - Number of doses of Apixaban or LMWH issued to patient at discharge
   - Any additional medicines prescribed (eg antibiotics)
   - Any plans for further follow up
   - If commenced on Warfarin, include the exact indication, target INR, most recent INR, intended duration, and dose the patient is to take. And ensure anticoagulant clinic referral made: http://athena/adtc/DTC%20%20Code%20of%20Practice/ADTCMG08(d)A2.pdf