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COVID19+ Virtual Follow-up Clinic -- Initial Provider Risk Assessment

10.00 AM - 10.15 AM: Review of the patient's history and physical examination findings. The patient is a 55-year-old male with a history of hypertension and hyperlipidemia. He presents with a 2-day history of progressive lower extremity edema and pain, particularly at night. His blood pressure is 150/90 mmHg, and his pulse is 88 bpm. There is no fever or respiratory distress.

10.15 AM - 10.30 AM: Diagnostic imaging. A venous Doppler ultrasound of the lower extremities shows extensive deep vein thrombosis (DVT) in both legs, with multiple large occlusive clots. A chest X-ray is normal.

10.30 AM - 10.45 AM: Laboratory results. Complete blood count (CBC) shows a white blood cell count of 12,000/mm³. D-dimers are elevated at 1,500 ng/mL. International normalized ratio (INR) is 1.2. Creatinine kinase (CK) is 2,500 U/L. Troponin T is elevated at 0.5 ng/mL.

10.45 AM - 11.00 AM: Clinical impression. The patient has a diagnosis of acute limb-threatening DVT, likely secondary to a proximal embolus from the heart. He is at high risk for pulmonary embolism (PE).

11.00 AM - 11.15 AM: Treatment initiation. The patient is started on unfractionated heparin (UFH) at a dose of 1,000 units/kg over 24 hours. He is also given low-molecular-weight heparin (LMWH) as a subcutaneous injection every 24 hours.

11.15 AM - 11.30 AM: Referral to a vascular surgeon. The patient is referred to a vascular surgeon for consideration of thrombolytic therapy or surgical embolectomy.

11.30 AM - 11.45 AM: Discharge instructions. The patient is instructed to avoid anticoagulation while awaiting surgery. He is advised to remain seated or ambulate as tolerated. Pain management is provided with oral acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs).

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