Another indication for anticoagulation?

YES

1. Perform lower extremity duplex
2. Perform upper extremity duplex if indwelling central venous catheter is present

NO

1. when platelet count has recovered to > 150,000, start (or re-start) warfarin at estimated maintenance dose (avoid loading doses)
2. overlap bivalirudin (or fondaparinux if no acute thrombosis, normal renal function, and no invasive procedures planned) and warfarin for a minimum of 5 days
3. stop bivalirudin (or fondaparinux if no acute thrombosis, normal renal function and no invasive procedures planned) when factor X activity (by chromogenic assay) is < 40%, after a minimum of 5 days of overlap
4. continue warfarin for:
   - 1 month (if no acute thrombosis)
   - 3 months (if acute thrombosis)
   - chronic therapy (if another indication for anticoagulation)