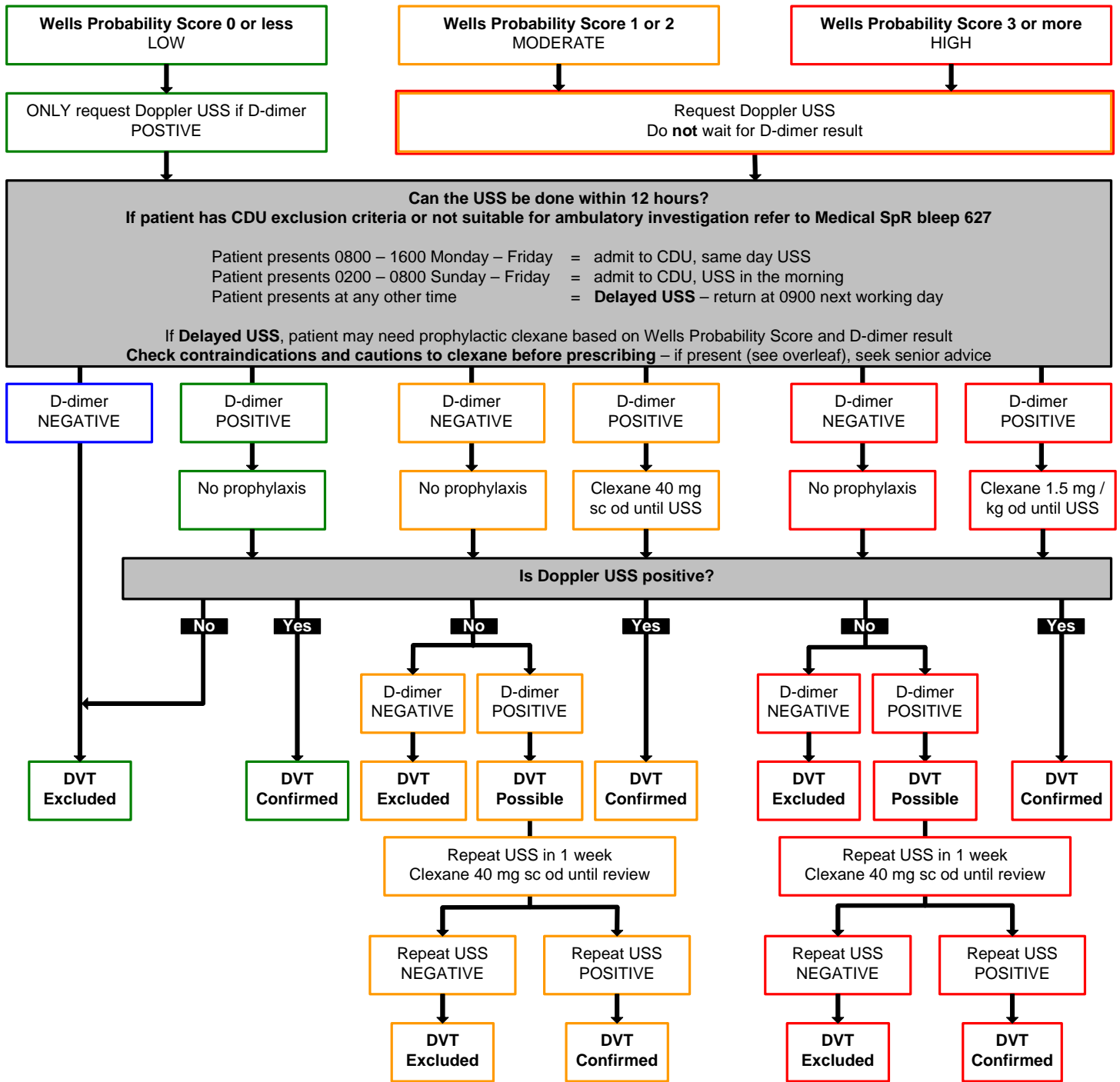


DVT

All patients must have a Wells Probability Score and a D-dimer
A D-dimer above 0.5 mcg/L is POSITIVE



DVT Excluded

Consider alternate diagnosis eg cellulitis, sciatica, bakers cyst, gastrocnemius tear etc

GP letter and follow-up
Complete depart process on EPR

DVT Possible

Repeat USS in one week
Book on EPR giving date patient returning
Advise patient to go to USS reception at 0900, then book in at ED reception, for review following scan

Prescribe clexane 40 mg sc od until review
Organise District Nurse to administer if patient unable
Complete Community Nurse letter

Complete advice leaflet and give to patient
Complete GP letter & depart process on EPR

DVT Confirmed

Email DVTANTICOAGNURSES@newhamhealth.nhs.uk including:
Patient initials, DOB, hospital number, home and mobile numbers, date DVT confirmed

Prescribe clexane 1.5 mg / kg sc for 10 days
Organise District Nurse to administer if patient unable
Complete Community Nurse letter
Advise patient to attend pathology (zone 3) 10.30 next working day to see DVT nurse
Copy of notes & DVT pathway given to patient
Complete advice leaflet and give to patient
Complete GP letter & depart process on EPR

Patient Label / Name:

Date:

DVT Ambulatory Care Pathway

All patients must be suitable for **Ambulatory Investigation**Only those needing treatment (including prophylaxis) need be suitable for **Ambulatory Treatment**All patients excluded from the pathway should be referred to the **Medical SpR** bleep **627**

Suitability for Ambulatory investigation If any present patient is not suitable	Y	N
Symptoms or signs of pulmonary embolus		
Inadequate social circumstances [unable to mobilise or attend hospital, poor compliance] and unable to complete investigations within 12 hours on CDU		
Other inter-current condition requiring admission		
If suitable, follow CDU DVT pathway		
If not suitable, refer to Medical SpR bleep 627		

Suitability for Ambulatory Treatment with Clexane If any present patient is not suitable for standard clexane treatment or prophylaxis. Need admission / alternate treatment	Y	N
Proximal thrombosis [vena cava or iliac vein]		
Hypertension [systolic > 180 or diastolic > 100]		
Renal failure [creatinine > 170]		
Liver failure		
Heparin intolerance [allergy or previous heparin-induced thrombocytopenia]		
INR > 1.4 or APTT ratio > 1.1		
Bleeding risk [GI bleed or macroscopic haematuria within 1 month, intracerebral bleed, brain or spinal surgery within 6 months, oesophageal varices, diabetic retinopathy, endocarditis, AAA]		
Bleeding disorders [haemophilia, platelets < 100]		
Inadequate social circumstances [unable to mobilise, high likelihood of non-compliance, visual failure (unless adequately supported)]		
Pregnancy, surgery within last 2 weeks or age under 16 [may still be suitable – discuss with on-call Haematologist]		
If suitable, continue to manage as per guideline		
If not suitable, refer to Medical SpR bleep 627		

Wells Probability Score This score has not been validated for patients who are pregnant or who are on anti-coagulants Circle all that apply	
Active Malignancy [on treatment, diagnosed within 6 months or palliative]	1
Paralysis, paresis or recent plaster immobilisation of lower limbs	1
Bed ridden for 3 days or more, or major surgery within 4 weeks	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swelling	1
Circumference of affected leg over 3 cm more than unaffected leg [R = cm, L = cm] Measure from 10 cm below tibial tuberosity	1
Pitting oedema (greater in affected leg)	1
Collateral superficial veins (non-varicose)	1
Alternative diagnosis as likely or more likely than DVT	-2
Total	