

Appendix C: Two-level Wells score tables and algorithms for diagnosis

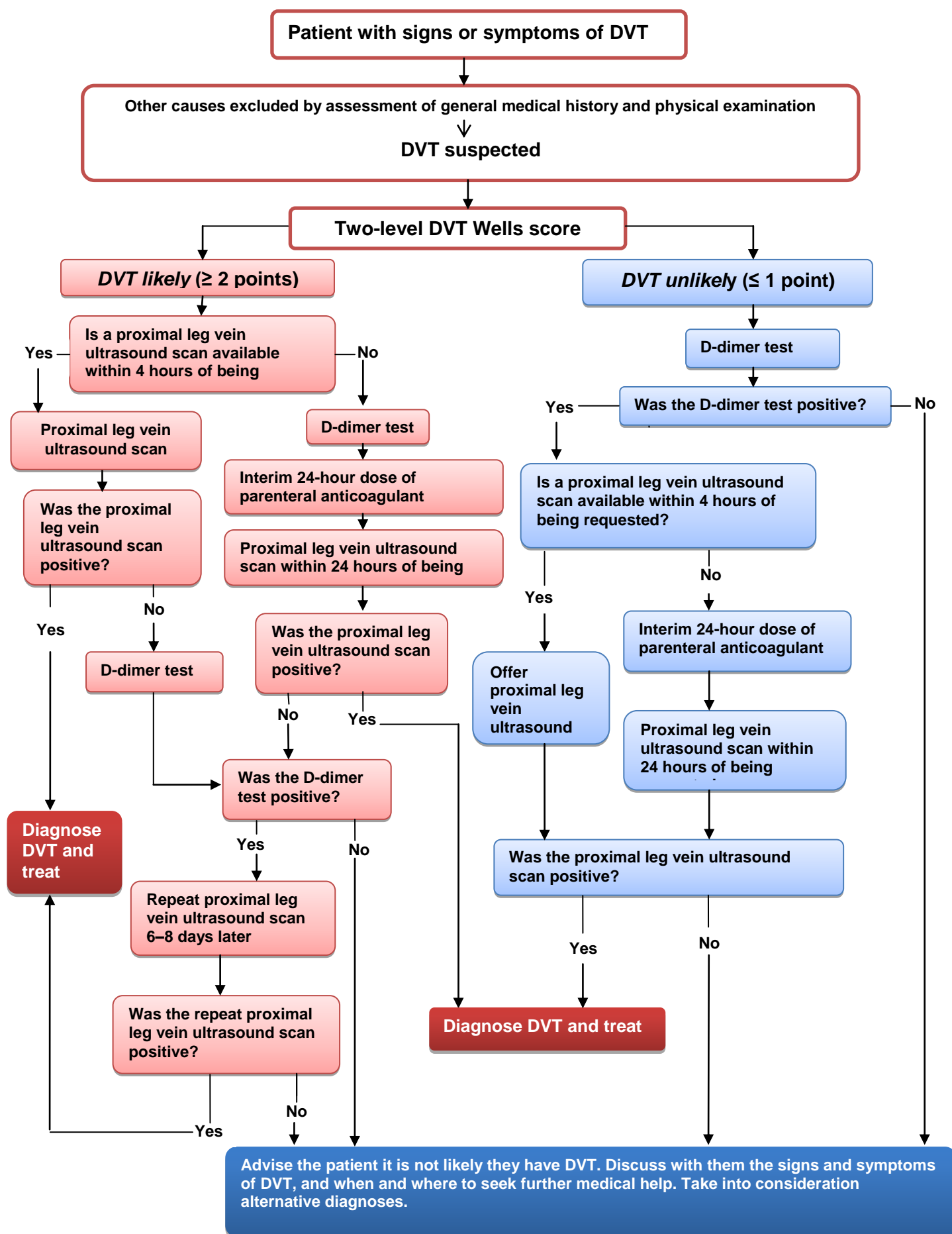
Deep vein thrombosis (DVT)

Table 1 Two-level DVT Wells score^a

<i>Clinical feature</i>	<i>Points</i>
Active cancer (treatment ongoing, within 6 months, or palliative)	1
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1
Recently bedridden for 3 days or more or major surgery within 12 weeks requiring general or regional anaesthesia	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen	1
Calf swelling at least 3 cm larger than asymptomatic side	1
Pitting oedema confined to the symptomatic leg	1
Collateral superficial veins (non-varicose)	1
Previously documented DVT	1
An alternative diagnosis is at least as likely as DVT	-2
<i>Clinical probability simplified score</i>	
DVT likely	2 points or more
DVT unlikely	1 point or less

^a Adapted with permission from Wells PS et al. (2003) [Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis.](#)

Algorithm 1 Diagnosis of DVT

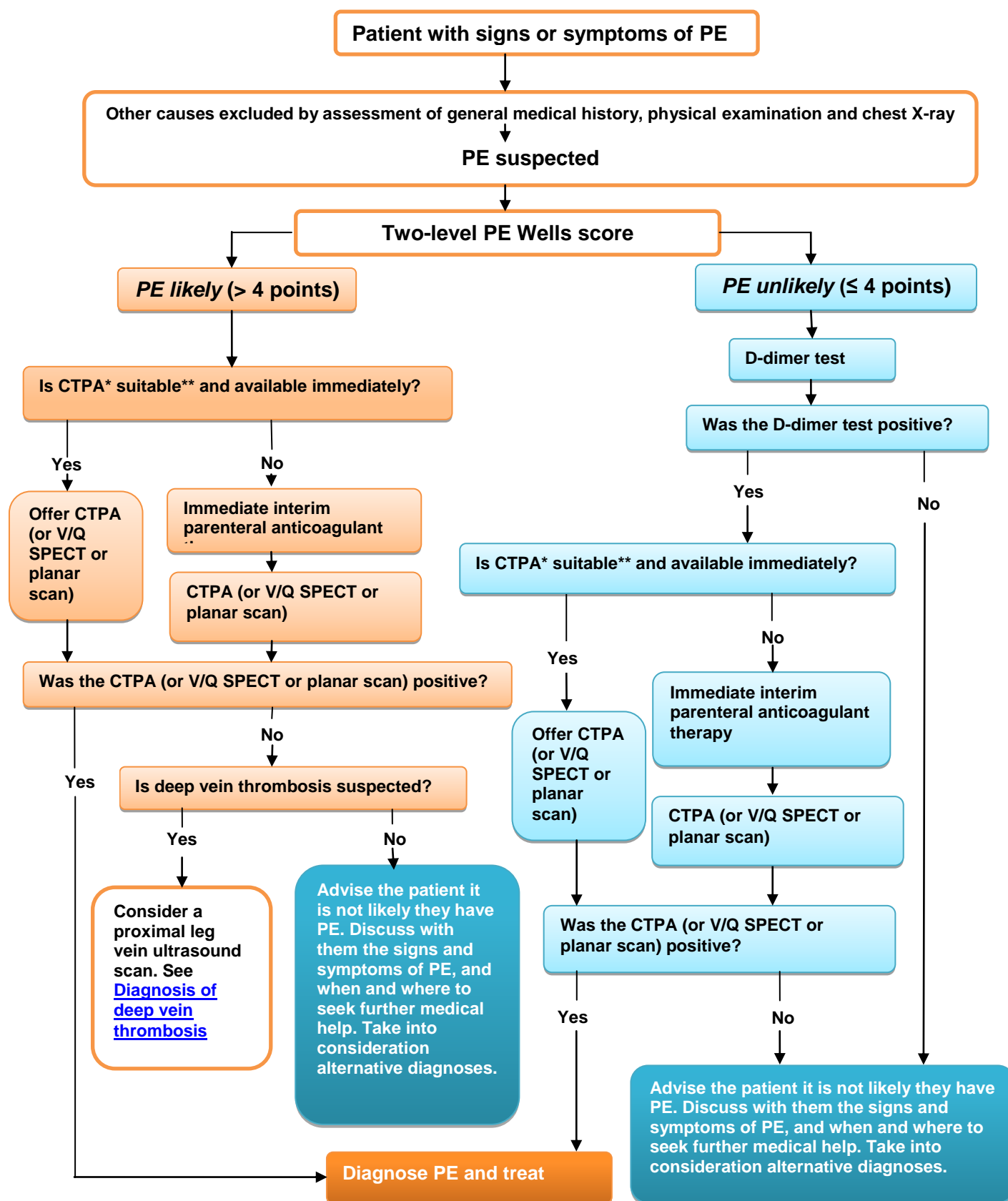


Pulmonary embolism (PE)

Table 2 Two-level PE Wells score^a

<i>Clinical feature</i>	<i>Points</i>
Clinical signs and symptoms of DVT (minimum of leg swelling and pain with palpation of the deep veins)	3
An alternative diagnosis is less likely than PE	3
Heart rate > 100 beats per minute	1.5
Immobilisation for more than 3 days or surgery in the previous 4 weeks	1.5
Previous DVT/PE	1.5
Haemoptysis	1
Malignancy (on treatment, treated in the last 6 months, or palliative)	1
<i>Clinical probability simplified score</i>	
PE likely	More than 4 points
PE unlikely	4 points or less
^a Adapted with permission from Wells PS et al. (2000) Derivation of a simple clinical model to categorize patients' probability of pulmonary embolism: increasing the model's utility with the SimpliRED D-dimer. Thrombosis and Haemostasis 83: 416–20	

Algorithm 2 Diagnosis of PE



*Computed tomography pulmonary angiogram

**For patients who have an allergy to contrast media, or who have renal impairment, or whose risk from irradiation is high, assess the suitability of V/Q SPECT† or, if not available, V/Q planar scan, as an alternative to CTPA.

†Ventilation/perfusion single photon emission computed tomography