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

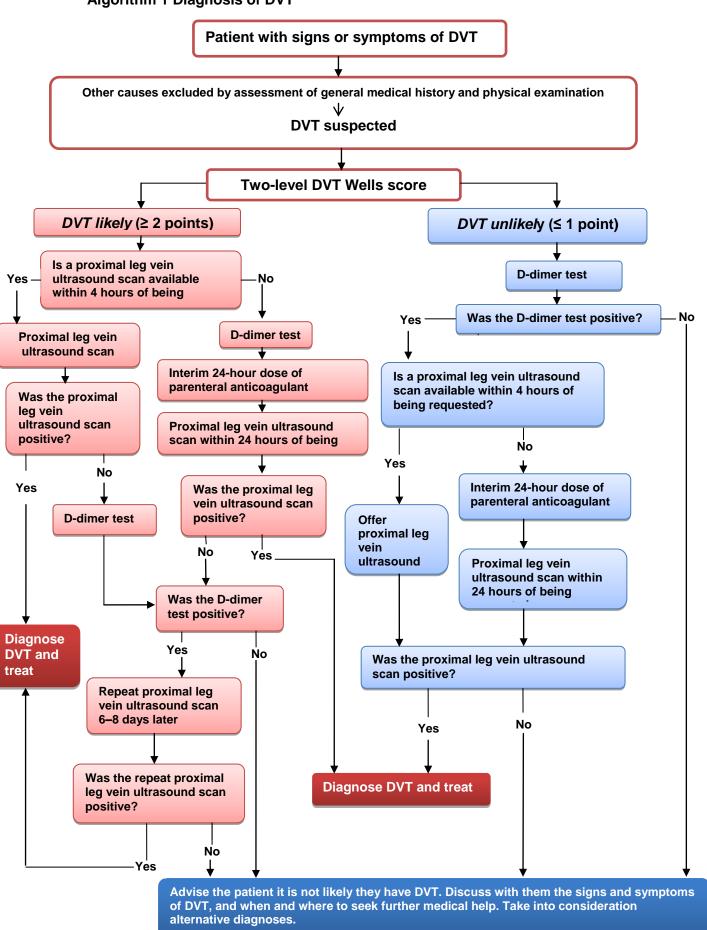
## Deep vein thrombosis (DVT)

Table 1 Two-level DVT Wells score<sup>a</sup>

Clinical feature	Points	
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	
Clinical probability simplified score		
DVT likely	2 points or more	
DVT unlikely	1 point or less	
<sup>a</sup> Adapted with permission from Wells PS et al. (2003) <u>Evaluation of D-dimer in</u>		

<sup>&</sup>lt;sup>a</sup> Adapted with permission from Wells PS et al. (2003) <u>Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis.</u>

**Algorithm 1 Diagnosis of DVT** 



## Pulmonary embolism (PE)

Table 2 Two-level PE Wells score<sup>a</sup>

Clinical feature	Points	
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	
Clinical probability simplified score		
PE likely	More than 4 points	
PE unlikely	4 points or less	

<sup>&</sup>lt;sup>a</sup> 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 Patient with signs or symptoms of PE Other causes excluded by assessment of general medical history, physical examination and chest X-ray PE suspected Two-level PE Wells score PE unlikely (≤ 4 points) PE likely (> 4 points) **D-dimer test** Is CTPA\* suitable\*\* and available immediately? Was the D-dimer test positive? Yes No Yes No Immediate interim Offer CTPA parenteral anticoagulant (or V/Q SPECT or Is CTPA\* suitable\*\* and available immediately? planar CTPA (or V/Q SPECT or scan) planar scan) No Yes Was the CTPA (or V/Q SPECT or planar scan) positive? Immediate interim parenteral anticoagulant Offer CTPA therapy No (or V/Q SPECT or Yes Is deep vein thrombosis suspected? planar scan) CTPA (or V/Q SPECT or Yes planar scan) No Advise the patient it is not likely they have Consider a Was the CTPA (or V/Q SPECT or proximal leg PE. Discuss with planar scan) positive? vein ultrasound them the signs and symptoms of PE, and scan. See when and where to **Diagnosis of** deep vein seek further medical Yes No help. Take into thrombosis consideration alternative diagnoses. Advise the patient it is not likely they have PE. Discuss with them the signs and symptoms of PE, and when and where to seek further medical help. Take into consideration alternative diagnoses. Diagnose PE and treat

<sup>\*</sup>Computed tomography pulmonary angiogram

<sup>\*\*</sup>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.