

CRITERIA FOR AMBULATORY MANAGEMENT OF DEEP VEIN THROMBOSIS

Clinical Criteria that require addressing same day for AEC If unable Admit:

Lack of availability of scan same or next day	Consider ongoing Enoxaparin cover till scan can be performed
Suspected Pulmonary Embolism	Will require assessment using AEC Suspected Pulmonary Embolism pathway and only considered for if suggested by that pathway
Transport arrangements to re-attend	Consider arranging hospital transport
Unable to self-administer Enoxaparin	Consider referral to community DN service
Anticipated non-compliance	Consider whether enough family support to enable AEC pathway

Red Flags - Exclude the following Patients from AEC

Suspected Massive PE (PE with haemodynamic compromise SBP < 90mmHg)
 Co-existing active medical problem requiring admission
 Active Bleeding
 Active bleeding
 High risk of Bleeding (Platelets < 75, GI Bleed < 2/52)
 History of Intracranial bleed
 Severe renal impairment (eGFR < 10ml/min)