Forenames

Lastname

Hospital No.

D.O.B.



SUSPECTED DEEP VEIN THROMBUS

PLEASE NOTE: This pathway is to be used as a <u>supplement</u> to the AMU proforma. **If PE is suspected, then see separate PE Management Pathway**

		<u>•</u>		
STEP 1: CLINICAL RISK STRATIFICATION				
Clinical feature	Points	Patient score		
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			
Total Score				
Clinical probability simplified scores				
DVT likely	2 points or more			
DVT unlikely	1 point or less			

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

STEP 2: MANAGEMENT ALGORITHM Two-level DVT Wells score DVT likely (≥ 2 points) DVT unlikely (≤ 1 point) Is a proximal leg ve D-dimer test scan available within 4 hours of being requested? Was the D-dimer test positive? D-dimer test ultrasound scan Interim 24-hour dose of Is a proximal leg vein ultrasound scan available within 4 hours of parenteral anticoagulant Was the proximal being requested? leg vein ultrasound scan positive? within 24 hours of being requested Yes Interim 24-hour dose of Was the proximal leg parenteral anticoagulant vein ultrasound scan positive? D-dimer test Offer proximal leg Proximal leg vein ultrasound scan within 24 hours of being ultrasound Was the D-dimer test positive? Diagnose DVT and Was the proximal leg vein ultrasound Repeat proximal leg vein ultrasound scan 6-8 days later Yes Was the repeat proximal Diagnose DVT and treat leg vein ultrasound scan positive? Advise the patient it is not likely they have DVT. Discuss with them the signs and symptoms of DVT, and when and where to seek further medical help. Take into consideration alternative diagnoses.

BLOODS (Tick Boxes)

☐ FBC ☐ U&E ☐ Coag

Age Adjusted D-DIMER RESULT

Age < 50 = D-Dimer < 500 Age > 50 = D-Dimer < age x10

IMAGING REQUEST

For Ward 1B AEC patients suitable for discharge before 1st ultrasound, request should be made using AEC slots available in the diary on 1B GPAU.

For ED, contact Ward 1B coordinator on 7537 for doppler slot availability.

Once slot is known, request USS doppler via Medway and input time of slot being used in additional comments. Contact USS on 1893(AM) 1133(PM) for Doppler when earlier ultrasound scan availability is sought or when slots are unavailable.

N.B. Follow up USS in pregnancy is dependent on clinical risk. In high risk patients if first USS is negative 2^{nd} USS is needed day 2-4 and 3^{rd} USS day 6-8 if 2^{nd} USS negative.

Ensure the patient has been given the **Interim Treatment (STEP 3)** and provided with an information leaflet before they leave the department.

Forenames	
Lastname	
Hospital No.	
D.O.B.	



SUSPECTED DEEP VEIN THROMBUS

PLEASE NOTE: This pathway is to be used as a <u>supplement</u> to the AMU proforma. **If PE is suspected, then see separate PE Management Pathway**

STEP 3: INTERIM TREATMENT & WORKING DIAGNOSIS

If Imaging anticipated AFTER 4 hours, offer Apixaban, Rivaroxaban or Enoxaparin

Apixaban: 10mg BD till scan **Rivaroxaban:** 15mg BD till scan

Enoxaparin (Clexane): 1.5mg/kg SC OD for uncomplicated DVT with low risk of recurrence or 1mg/kg BD in all other patients e.g. those with obesity, symptomatic PE, cancer, recurrent VTE or proximal DVT

Refer to Emergency Prescribing Handbook for Anticoagulant Therapy in DVT and PE and ensure no CONTRAINDICATIONS Cautions

Renal Impairment: If Calculated creatinine clearance is 15 - 30ml/min give Enoxaparin 1mg/kg once daily. If Calculated creatinine clearance is < 15ml/min Enoxaparin is not licensed and seek consultant advice and approval.

SUSPECTED DVT IN PREGNANCY SHOULD BE REFERRED TO OBSTETRICS TEAM. Patient to be seen on 3E Gynaecology Ward if <13 weeks gestation OR 2E Maternity Ward if >13 weeks gestation post scan for review (if scan happening the next day, patient can be ambulated unless meets any exclusion criteria)

Following Interim anticoagulation, the patient can be discharged home to attend for ultrasound the next day, if same day appointment not available, unless hospital admission required for other reason, patient is frail, forgetful or mobility is impaired despite aids or has risks for IV drug abuse.

impaired despite aids or has risks for IV drug abuse.				
Patient's Weight				
CURRENT DIAGNOSIS: Treat as DVT Other				
Name	Designation			
Signature	Date			
STEP 4: RESULTS				
DATE	IMAGING REPORT	CLINICAL FINDINGS & PLAN		
	1 st USS:			
	2 nd USS(if indicated in STEP 2):			
NB: Occlusion of the 'Superficial Femoral Vein' <u>IS</u> a DVT and should be treated as such				
STEP 5: CONFIRMED DIAGNOSIS				
EXCLUDED Consider other causes and document in AMU Proforma / Continuation Sheet NB: NOT A DVT is NOT an acceptable diagnosis and a positive diagnosis must be made				
DVT If patient does not require admission, refer to anticoagulation team via mobile 07788632487 (inc where DOACs are used) & if out of hours send referral & leave answerphone message.				
Do not offer elastic graduated compression stockings to prevent post-thrombotic syndrome or VTE recurrence after a proximal DVT. This recommendation does not cover use of elastic stockings for the management Post DVT syndrome				
DOACs (Direct Oral Anticoagulants) Offer either Apixaban or Rivaroxaban for at least 3 months. For people who had an unprovoked DVT or PE, consider continuing anticoagulation treatment after 3 months. If neither apixaban nor rivaroxaban is suitable offer:				
 low molecular weight heparin (LMWH) for 5 days followed by dabigatran or edoxaban or LMWH concurrently with a vitamin K antagonist (VKA) for at least 5 days, or until the INR is at least 2.0 in 2 consecutive readings, followed by a VKA. 				
In addition to history and examination check Urinalysis, LFT, Calcium and perform CXR for Unprovoked DVT				
Seek senior advice for unprovoked DVT, fragile/floating thrombus and for ilio-femoral thrombus in young patient with no malignancy and symptoms less than 2/52.				
Name Designation				

Date

Signature