

Forenames _____ Lastname _____ Hospital No. _____ D.O.B. _____	<div style="text-align: right;"> St Helens and Knowsley Teaching Hospitals <small>NHS Trust</small> </div> <div style="text-align: center; margin-top: 10px;"> <h2 style="margin: 0;">SUSPECTED DEEP VEIN THROMBUS</h2> <p style="margin: 0; font-size: 0.9em;">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</p> </div>									
STEP 3: INTERIM TREATMENT & WORKING DIAGNOSIS										
<p>If Imaging anticipated AFTER 4 hours, offer Apixaban, Rivaroxaban or Enoxaparin</p> <p>Apixaban: 10mg BD till scan</p> <p>Rivaroxaban: 15mg BD till scan</p> <p>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</p> <p>Refer to Emergency Prescribing Handbook for Anticoagulant Therapy in DVT and PE and ensure no CONTRAINDICATIONS</p> <p>Cautions</p> <p>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.</p> <p>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)</p> <p>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.</p> <p>Patient's Weight _____</p> <p style="text-align: center;">CURRENT DIAGNOSIS: Treat as DVT <input type="checkbox"/> Other _____</p>										
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STEP 4: RESULTS										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">DATE</th> <th style="width: 40%;">IMAGING REPORT</th> <th style="width: 50%;">CLINICAL FINDINGS & PLAN</th> </tr> </thead> <tbody> <tr> <td> </td> <td>1st USS:</td> <td> </td> </tr> <tr> <td> </td> <td>2nd USS(if indicated in STEP 2):</td> <td> </td> </tr> </tbody> </table>		DATE	IMAGING REPORT	CLINICAL FINDINGS & PLAN		1 st USS:			2 nd USS(if indicated in STEP 2):	
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<p style="text-align: center;">NB: Occlusion of the 'Superficial Femoral Vein' <u>IS</u> a DVT and should be treated as such</p>										
STEP 5: CONFIRMED DIAGNOSIS										
<p>EXCLUDED <input type="checkbox"/> Consider other causes and document in AMU Proforma / Continuation Sheet NB: <u>NOT A DVT</u> is NOT an acceptable diagnosis and a positive diagnosis must be made</p>										
<p>DVT <input type="checkbox"/> 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.</p> <p>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</p> <p>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.</p> <p>If neither apixaban nor rivaroxaban is suitable offer:</p> <ul style="list-style-type: none"> 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. <p>In addition to history and examination check Urinalysis, LFT, Calcium and perform CXR for Unprovoked DVT <input type="checkbox"/></p> <p style="color: red;">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.</p>										
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