

Always follow local guidelines and discuss with Senior / Haematology if unsure

DVT ASSESSMENT

WELLS DVT RISK SCORE

SCORE \leq 1

DVT UNLIKELY

SCORE \geq 2

DVT LIKELY



D-DIMER
(high sensitivity)

+ve

DOPPLER



NO DVT

DVT

PE ASSESSMENT

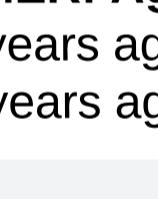
WELLS PE RISK SCORE

SCORE \leq 4

PE UNLIKELY

SCORE \geq 5

PE LIKELY



D-DIMER
(high sensitivity)

+ve

CTPA / VQ SCAN



NO PE

PE

D-DIMER LIMITATIONS

D-DIMER: False +ve

Can be falsely raised due to various reasons: liver disease, inflammation, malignancy, trauma (surgery), pregnancy, age

D-DIMER: Age adjustment

\leq 50 years age: +ve $>$ 500 µg/L

$>$ 50 years age: +ve $>$ age (years) \times 10 µg/L

SUSPECTED DVT / PE MANAGEMENT

Discuss with Senior if signs of right heart strain / high oxygen requirement or haemodynamically unstable

Scan $<$ 4 hours:

- Consider* waiting for result before starting treatment

Scan $>$ 4 hours:

- High clinical suspicion of DVT/PE:
 - Start treatment dose LMWH as per local guidelines
- Low clinical suspicion of DVT/PE:
 - Consider* waiting for result before starting treatment

*Always follow local guidelines in regard to starting LMWH

CONFIRMED DVT / PE MANAGEMENT

See local prescribing guidelines / discuss with Senior for medication choice and duration

GENERAL GUIDELINES

MEDICATION

DURATION

• Warfarin
• NOAC

3 months

- 'Provoked' DVT / PE in a patient **with no risk factors**

6 months / or longer:

- 'Unprovoked' DVT / PE or patient **with risk factors (obesity / cancer / previous)**

Always consult BNF for dose / administration and contraindications for all above medications