

Patient Name: _____ CRN: _____

Initial Presentation

Date:

Time:

Patient ID details

Symptoms & Signs	Date of onset: DD / MM / YY	Calf size (10cm below tibial tuberosity)
		Right: cm
		Left: cm

<p>Risk Factors for DVT:</p> <p>Past history or Family history of venous thrombosis:</p>

Observations	
Pulse	
BP	
Respiratory rate	
Temperature	
FiO2 (l/min or %) or air	
O2 saturation (%)	
Weight (Kg)	

Investigations	(tick)
FBC	
Coag screen	
D-dimer	
U&E	
LFTs	
CRP	

<p>D-dimer result (<i>< 230 is negative</i>)</p>

<p>Wells Clinical Score (<i>see below</i>)</p>

(< 2, DVT unlikely)

Wells Clinical Score¹ (circle scores which apply)	Score
Active Cancer (treatment ongoing or within previous 6 months or palliative)	1
Paralysis, paresis, or recent plaster immobilisation of lower extremities	1
Recently bedridden for ≥3 days, or major surgery within 12 weeks	1
Localised tenderness along distribution of deep venous system	1
Entire leg swollen	1
Calf swollen by ≥3cm compared to asymptomatic leg (10cm below tibial tuberosity)	1
Pitting oedema (greater in symptomatic leg)	1
Collateral superficial veins (non varicose)	1
Previously documented DVT	1
Alternative diagnosis as likely or greater than that of DVT	-2
DVT unlikely if score <2 DVT possible if score ≥2 TOTAL	

¹ Wells P.S. et al. [Evaluation of D-Dimer in the Diagnosis of Suspected Deep-Vein Thrombosis.](#) N Engl J Med 2003; 349:1227-1235.

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Other clinical details

<p>Past Medical History</p>	<p>Social & Family History</p>
<p>Drug History</p>	<p>Risk factors for anti-coagulant therapy</p>
<p>Other Symptoms</p>	
<p>Examination findings</p>	
<p>Differential Diagnosis:</p>	

If DVT 'unlikely', which of the following diagnoses need consideration & treatment:
(tick box)

- Superficial thrombophlebitis
- Baker's Cyst
- Cellulitis
- Musculoskeletal
- Arterial insufficiency
- Other (specify: _____)
- None

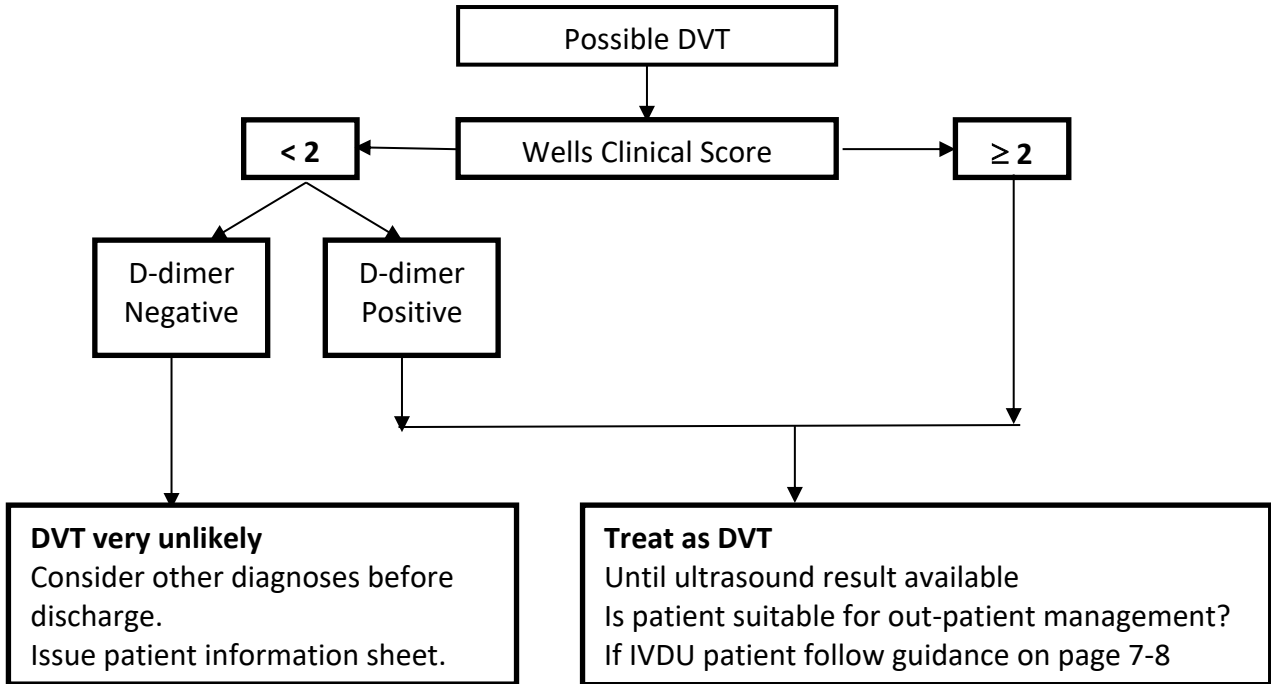
Management option

- See criteria for management options overleaf
- Refer to rheumatology
- /v/oral antibiotics
- Analgesia (e.g. NSAID)
- Refer vascular team/clinic
- no further investigation (refer back to GP)

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If pregnant, inform on-call obstetric team immediately as investigational strategy will be different and admission to maternity ward may be indicated

Decision Algorithm (excluding pregnant patients)



Management Plan (tick)

- DVT very unlikely -> discharged back to GP
- DVT very unlikely -> referred to other clinician (specify: _____)
- DVT requires further investigation by US as out-patient
- DVT requires further investigation as an in-patient because patient unsuitable for out-patient management: (tick OP exclusion criteria which apply)

Social circumstances	<input type="radio"/>	Possible PE	<input type="radio"/>
Pregnant	<input type="radio"/>	Immobility / Severe pain	<input type="radio"/>
High risk of bleeding	<input type="radio"/>	Significant co-morbid disease requiring admission	<input type="radio"/>

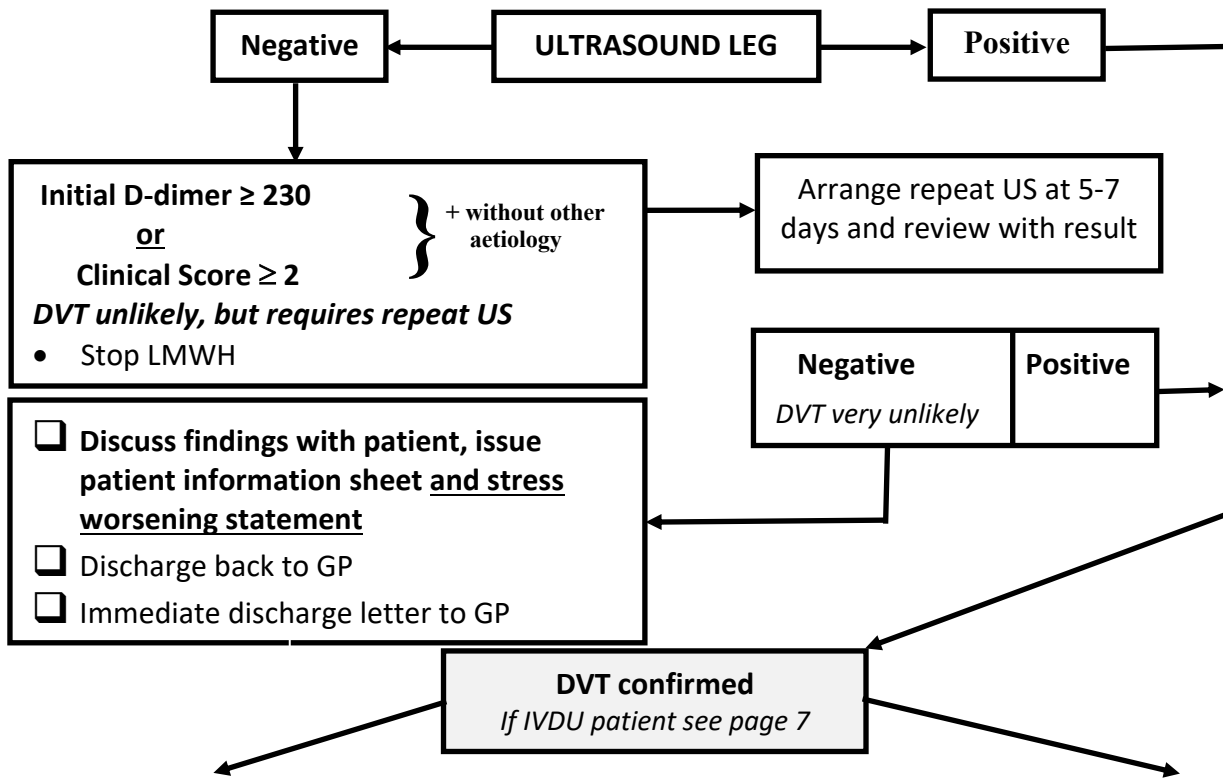
If patient continues on out-patient management protocol:	tick
⇒ Discuss diagnosis and treatment plan with patient.	
⇒ Prescribe and administer LMWH (record dose on A & E sheet)	
⇒ Issue emergency patient information pamphlet	
⇒ Book U/S appointment: (Date & Time _____)	
⇒ Issue next day review appointment: (Time & Location _____)	

Signature: _____ Print Name: _____

Designation: _____

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Decision Algorithm (following out-patient ultrasound)



EITHER APIXABAN	OR WARFARIN	
<input type="checkbox"/> Ensure patient meets criteria for using apixaban (see StaffNet) <input type="checkbox"/> Ensure renal function adequate using Cockcroft Gault formula $CrCl = (Age - 140) \times Wt (kg) \times constant$ Serum Creatinine (mmol/L) Constant: Men 1.23, Women 1.04 <input type="checkbox"/> Commence apixaban therapy a) Issue starter pack of apixaban + Alert Card (unless active cancer) b) 3 week supply (10mg bd for one week; 5mg bd for two weeks) c) Educate patient on apixaban complications d) Send apixaban discharge letter to GP <input type="checkbox"/> Contact patient by telephone one week later to ensure compliance	<input type="checkbox"/> Commence warfarin therapy a) Issue starter pack of Warfarin and yellow book (unless active cancer, when continue with LMWH) b) Educate patient on warfarin complications <input type="checkbox"/> Continue LMWH for at least 5 days and until INR ≥ 2 for 2 consecutive days <input type="checkbox"/> Record anticoagulant results & doses on anticoagulant referral form <input type="checkbox"/> Refer to anticoagulant services (using appropriate form) when INR stable	
	Date 1 st dose LMWH	
	Date final dose LMWH	
	Date started warfarin	
	Date of 1 st Anticoag clinic appointment	

Management Plan (tick box)	<input type="checkbox"/> DVT very unlikely	discharged back to GP
	<input type="checkbox"/> DVT uncertain	awaiting repeat US
	<input type="checkbox"/> DVT confirmed	continues anticoagulation as OP
Signature		Date:
Print Name		

