	Patient Name:	:		
Initial Presentation	Patient ID details			
Date:				
Time:				
Symptoms & Signs	Date of onset: DD /	/ MM / YY	Calf size (1	Ocm below tibial tuberosity)
			Right:	cm
			Left:	cm
Risk Factors for DVT: Past history or Family hi	istory of venous thre	ombosis:		
Observations	Inv	vestigations	(tick)	D-dimer result
Pulse	FB	C		(< 230 is negative)
ВР	Co	ag screen		
Respiratory rate	D-	dimer		
Temperature	U8	ķΕ		Wells Clinical Score
FiO2 (I/min or %) or air	LF	Ts		(see below)
O2 saturation (%)	CR	RP.		
Weight (Kg)				(< 2, DVT unlikely)

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

¹ Wells P.S. et al. <u>Evaluation of D-Dimer in the Diagnosis of Suspected Deep-Vein Thrombosis</u>. N Engl J Med 2003; 349:1227-1235.

Patient	Name: CRN:
Other clinical details	
Past Medical History	Social & Family History
Drug History	Risk factors for anti-
	coagulant therapy
Other Symptoms	
Examination findings	
3	
Differential Diagnosis:	_
Differential Diagnosis.	
If DUT (million) I make a fallo of all and a	
(tick box)	g diagnoses need consideration & treatment:
(tiek box)	Management option
☐ Superficial thrombophlebitis	See criteria for management options overleaf
☐ Baker's Cyst	Refer to rheumatology
☐ Cellulitis	/v/oral antibiotics
☐ Musculoskeletal	Analgesia (e.g. NSAID)
Arterial insufficiency	Refer vascular team/clinic
Other (specify:)
☐ None	no further investigation (refer back to GP)

	Pa	tient N	lame:	
If pregnant, ir			team immediately as investigational strategy on to maternity ward may be indicated	will be
Decision Algori	i thm (excluding p	oregnar	nt patients)	
•			ossible DVT	
		<u> </u>	OSSIBLE DV I	
_ •	< 2	Well	s Clinical Score ≥ 2	
D-dimer	D-dimer			
Negative	Positive			
		l		
	<u> </u>		<u> </u>	
			—	
DVT very unlikely			Treat as DVT	
Consider other diag	noses before		Until ultrasound result available	
discharge.			Is patient suitable for out-patient manageme	ent?
Issue patient inform	nation sneet.		If IVDU patient follow guidance on page 7-8	
Management F	, ,			
	ikely -> discharge			
	•		er clinician (specify:)
_	_		y US as out-patient	
	_		s an in-patient because patient unsuitable for exclusion criteria which apply)	
	ances O			0
Pregnant	0		nobility / Severe pain	0
High risk of ble	eding O	Sign	nificant co-morbid disease requiring admission	О
•	•		agement protocol:	tick
⇒ Discuss diag	nosis and treatm	nent pl	an with patient.	
⇒ Prescribe an	d administer LM	IWH (re	ecord dose on A & E sheet)	
⇒ Issue emerg	ency patient info	ormatio	on pamphlet	
⇒ Book U/S ap	pointment:			
(Date	e & Time			_)
⇒ Issue next da	ay review appoin	ntment	:	
(Time	e & Location			_)
Signatura			Drint Namo	
Signature:				
			Designation:	

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AGNOSIS:	ate:										
AGNOSIS:											
	IAGNOSIS:										

Decision Algorithm (follow	Patient Name: CRN: CRN: CRN:						
Negative	ULTRAS	SOUND LEG	Pos	sitive	7		
Initial D-dimer ≥ 230 or Clinical Score ≥ 2 DVT unlikely, but requires repea • Stop LMWH	Arrange repeat US at 5-7 days and review with result Negative Positive						
Discuss findings with patient patient information sheet an worsening statement Discharge back to GP Immediate discharge letter to		OVT very unlikely					
DVT confirmed If IVDU patient see page 7							
EITHER APIXABAN	OR WARFARIN						
☐ Ensure patient meets criteria for using apixaban (see StaffNet) ☐ Ensure renal function adequate using Cockcroft Gault formula CrCl = (Age-140) x Wt (kg) x constant Serum Creatinine (mmol/L) Constant: Men 1.23, Women 1.04 ☐ Commence apixaban therapy a) Issue starter pack of apixaban + Alert Card (unless active cancer)		 □ 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 □ Continue LMWH for at least 5 days and until INR ≥2 for 2 consecutive days □ Record anticoagulant results & doses on anticoagulant referral form □ Refer to anticoagulant services (using appropriate form) when INR stable 					
b) 3 week supply (10mg bd for 5mg bd for two weeks)	one week,	Date 1 st dose LMWH					
c) Educate patient on apixabal complications	Date final dose LMWH						
d) Send apixaban discharge letter to GP Contact patient by telephone one week		Date started warfarin					
later to ensure compliance		Date of 1 st Anticoag clinic appointment					
Management Plan (tick box)	DVT very unlikely DVT uncertain DVT confirmed		discharged back awaiting repeat continues antico	US	OP		
Signature			Date:				
Print Name							

	Patient Name:	CRN:					
leafle Issue Arran - Cons Issue Arran medic	 □ Discuss diagnosis & management plans with patient (issue Patient Information on DVT leaflet) □ Issue standard immediate discharge letter to GP (via patient) □ Arrange review for monitoring of DVT and anticoagulant complications Consider admission if problems develop Issue final discharge letter to GP □ Arrange review at nurse led thrombosis out-patient clinic (if available at your site) +/- medical review Organisation of fitting for 23-32 mmHg below knee compression stockings will be via 						
Continu	ation page (notes)						
	nent progress and treatment prior to transfe	er to anticoagulant services					
Date		-					