DVT AMap

Name:
Hosp #:

Nursing Assessment

Date Time

This ambulatory pathway is to be used by the nursing staff for patients with suspected DVT in AMU. Patients can be added to the pathway prior to or during admission. NB – patients should attend community services if possible rather than ED/AMU.

Calf diameter (cm)	Right:	Left:

Initial assessment:

BP: / **P:**

RR: **Sats (on air):**

Exclusion criteria (exclude if any)	Tick	Exclusion criteria (relative)	Tick
Heart rate > 100bpm		Immobility	
Systolic BP <100 mmHg		Significant comorbidities (e.g. CCF, COPD)	
SpO2 on air <94%		Altered mental state	
Pregnant or <6 weeks post partum		Anticipated compliance problem	

If any exclusions are met add the patient to the on-call module of PTS and inform the on-call SpR and patient.

If no exclusions then proceed to assess the risk of DVT:

Wells Score for DVT (Pre Test Probability)	Points	Tick
Active cancer	+1	
Confined to bed for >3 days or major surgery within 4weeks	+1	
Pitting oedema greater in affected leg	+1	
Affected calf >3 cm larger in diameter than the other	+1	
Entire leg swollen	+1	
Collateral veins (non-varicose)	+1	
Tenderness along superficial veins	+1	
Weak leg on affected side or recent plaster cast	+1	
Alternative diagnosis more likely than DVT	-2	
	Total	

Score	Risk	Tick
Less than 2	Low	
2 or above	High	

Take Bloods - FBC, UE, LFT, INR & DDimer (only if <u>low</u> risk).

Blood test	Required	Please sign
FBC	All patients	
UE & LFT	All patients	
INR	All patients	
DDimer	**Only LOW RISK patients**	
DDimer result if required:		

Initial Treatment

- Analgesia if required.
- Only give clexane if waiting for scan or following diagnosis.

Risk assessment and decision to investigate.

1. Is the risk high? (ring) Yes → could be DVT, proceed to USS

   No → go to question 2

2. Is the DDimer high? (ring) Yes →could be DVT, proceed to USS

   No → not a DVT

If risk is low **and** D-dimer is negative then DVT is excluded. Look for another cause for symptoms and remove the patient from the pathway. Seek medical advice as necessary or ask the patient to return to the referring service if appropriate.

Otherwise ask the medical team to arrange an USS Doppler of the affected leg and then review the patient with the results.

Please call bleep 604 0900-1700hrs or bleep 700 out of hours for review.

Dr's name: Time called:

Additional notes (if required):

I confirm that I have followed the patient pathway above and completed the steps required

Signed: **Grade:** **Bleep:**

DVT AMap

Name:
Hosp #:

Medical Assessment 1

Date Time

This ambulatory pathway is to be used by the medical staff for patients with probable DVT in AMU following the nursing assessment. Patients on this pathway will either have a high pre-test probability or a positive DDimer and therefore warrant an USS. This proforma does not replace the patient's notes.

Arrange radiology investigations

Discuss with ESH radiology department (Bleep 600/601 or via switchboard) and detail below when the relevant scan will be done in the appointment section. **Must be within 24 hours.**

Patients may go home and return as long as the following criteria are met:

Discharge decision

Patient can be discharged if all are met:	**Tick**
Patient is well	
No other reason for admission	
Patient has a good understanding of management	
Patient will be able to manage as outpatient	
Any relative exclusions have been reviewed by Consultant who agrees with discharge	

Communication/Follow-up

1. Arrange for treatment dose clexane to be given 1.5mg/kg od until scan and review completed if there are no contraindications. Write a drug chart and leave with the notes at AMU reception.
2. Arrange for the patient to return daily to AMU.
3. Provide the patient with an information leaflet/patient passport and copy of the EDS Hyperlink will be added – please use the AMU intranet site or equivalent
4. File this paperwork in the patients notes and leave in AMU reception.

Appointments

Location	Date	Time

Consultant responsible for patient:

I confirm that I have followed the patient pathway above and completed the steps required

Signed: **Grade:** **Bleep:**

DVT AMap

Name:
Hosp #:

Medical Assessment 2

Date Time

Patients on this pathway will have had an USS Doppler of their leg and be awaiting review. This proforma does not replace the patient's notes.

USS Doppler result:

If the USS Doppler does not show a DVT **and DDimer was positive** please arrange for a second USS to be done a week later and review thereafter in the clinic of the responsible Consultant.

If the USS Doppler shows a DVT then proceed to discharge or follow-up below:

Discharge decision

Patient can be discharged if all are met:	**Tick**
Patient is well	
No other reason for admission	
Patient has a good understanding of management	
Patient will be able to manage as outpatient	

What was the provoking factor:

If unprovoked please ensure the following are completed:

- Full history and examination
- Urinalysis
- FBC, UE, LFT, Calcium and Antiphospholipid antibody blood tests
- CXR

And if these are negative to consider

- CT abdo/pelvis
- Mammogram in women

Further information:

The NICE pathway for VTE is excellent and interactive.

http://pathways.nice.org.uk/pathways/venous-thromboembolism

Please turn to the final page for Communication and Follow-up.

Communication/Follow-up

1. Refer to anticoagulation clinic at ESH using the usual form.
2. Start the patient on oral anticoagulation for 3 months as per the relevant protocol (warfarin or rivaroxaban are recommended by NICE – warfarin prepacks are available on AMU).
    a. In Surrey GPs will be happy to see patients for anticoagulation (make appointment)
    b. In Sussex patients may be referred to Comet ward for initial anticoagulation (please phone or fax the ward).
3. Arrange for the patient to have below knee anti-thrombotic stockings fitted at least 1 week after diagnosis and once the swelling has settled. They should be worn for up to 2 years.
4. In unprovoked DVT please refer the patient back to the responsible Consultant's clinic for review and consideration of further investigations as above.
5. Write a discharge summary (EDS) and send to the GP including a request to follow-up:
    a. 1 week to ensure below-knee anti-thrombotic stockings are fitted.
    b. 3 month review of anticoagulation and to consider thrombophilia testing if an unprovoked DVT and/or family history and/or recurrence.
6. Provide the patient with an information leaflet/patient passport and copy of the EDS Hyperlink will be added – please use the AMU intranet site or equivalent

Consultant responsible for patient:

I confirm that I have followed the patient pathway above and completed the steps required

Signed: **Grade:** **Bleep:**