**This ambulatory pathway is to be used for patients with suspected DVT. Patients can be added to the pathway prior to or during admission. It does not replace the medical notes for the patient episode.**

Calf diameter (cm) Right: Left:

**Initial Investigations**

Bloods - FBC, UE, LFT, INR.

If low risk – arrange DDimer.

If high risk – no DDimer required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Exclusion criteria (exclude if any)** | **Tick** | **Exclusion criteria (relative)** | **Tick** |
| Heart rate > 100bpm |  | Creatinine >150 micromol/l |  |
| Systolic BP <100 mmHg |  | Immobility |  |
| SpO2 on air <94% |  | Significant comorbidities (e.g. CCF, COPD) |  |
| Platelets < 90x109/litre |  | Altered mental state |  |
| Pregnant or <6 weeks post partum |  | Anticipated compliance problem |  |

Patients with exclusion criteria should be discussed with the medical SpR at ESH.

|  |  |  |
| --- | --- | --- |
| **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 |  |

**Medical review must look for underlying causes – ensure full history and examination is documented.**

**Initial Treatment**

 Analgesia if required

 Only give clexane as per

**Risk assessment and decision to investigate**

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.

State alternative diagnosis:

**All other patients will require an USS Doppler scan of the affected leg. Radiology investigations**

Discuss with ESH radiology department (Bleep 600) and detail below when the relevant scan will be done

(please ring):

**USS Doppler Location: Date: Time:**

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 not be alone at home |  |
| Lead Clinician agrees to discharge if relative exclusions |  |

**Communication/Follow-up**

1. Arrange for treatment dose clexane to be given 1.5mg/kg od daily until scan and review completed if there are no contraindications.

2. Create EDS or other discharge note and send to GP with copy to patient

3. Patients must return to RAC daily for review until the scan is done.

4. Provide the patient with an information leaflet/patient passport and copy of the EDS

5. File this paperwork in the patients notes

**RAC doctor / GP responsible for patient:**

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

**Signed: Grade: Contact details:**