

Patient Name:	CHI number:
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Relevant past medical history

Drug history
Known allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No

Examination

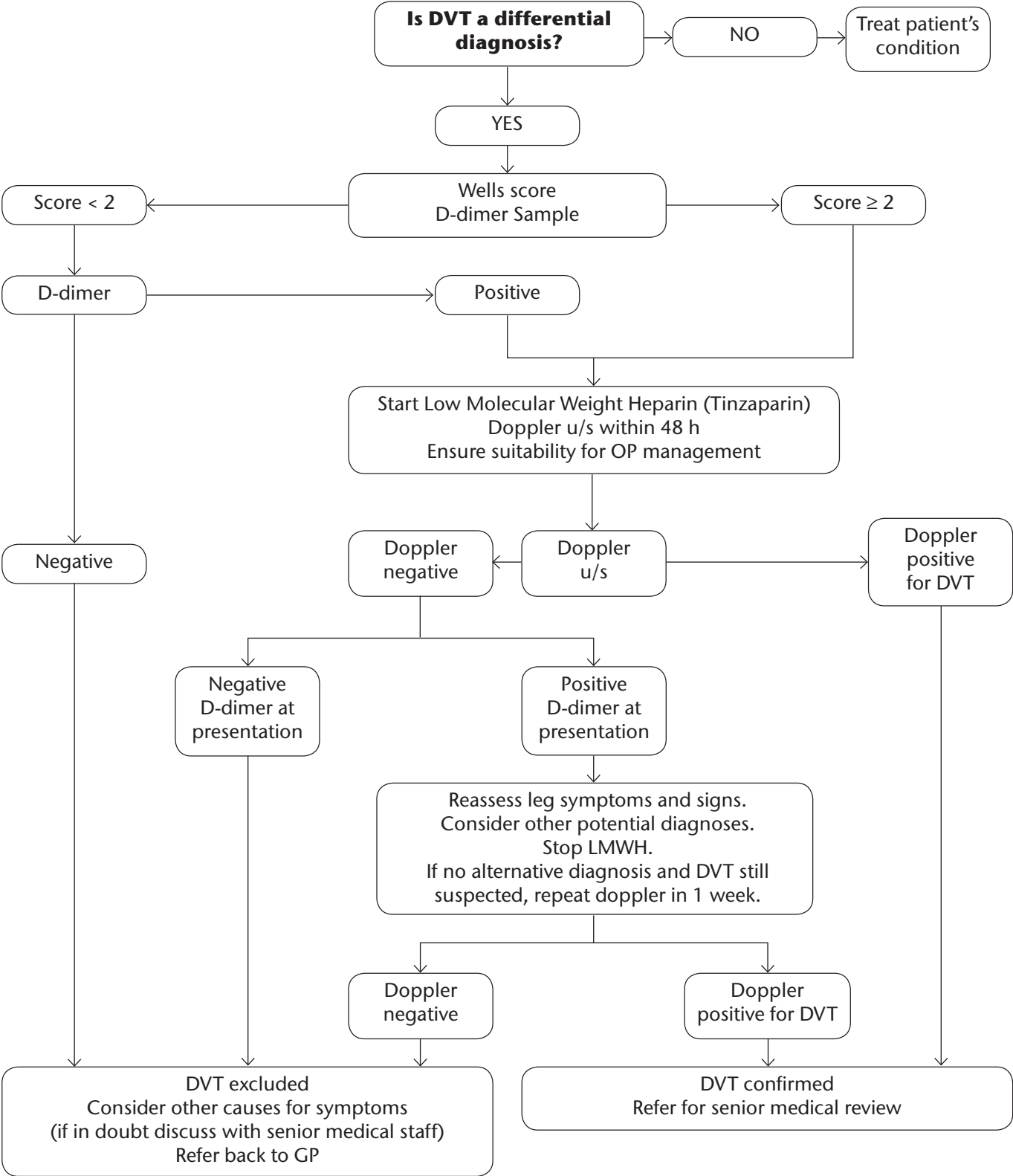
Observations
Pulse:
BP:
Respiratory rate:
Temp:
O ₂ saturation:
Weight: kg

Calf size (10cm below tibial tuberosity)
Right: cm
Left: cm

Score 1 for each category. Subtract 2 if alternative diagnosis is as likely or greater than DVT.

Wells Score	Yes	No	Score
Active cancer (ongoing or palliative)	<input type="checkbox"/>	<input type="checkbox"/>	1
Paralysis, paresis, recent plaster, immobilisation of lower limbs	<input type="checkbox"/>	<input type="checkbox"/>	1
Recent bedrest >3 days or major surgery within 12 weeks	<input type="checkbox"/>	<input type="checkbox"/>	1
Localised tenderness along distribution of the deep venous system	<input type="checkbox"/>	<input type="checkbox"/>	1
Thigh and calf swollen	<input type="checkbox"/>	<input type="checkbox"/>	1
Calf swelling 3cm > asymptomatic leg	<input type="checkbox"/>	<input type="checkbox"/>	1
Pitting oedema symptomatic leg	<input type="checkbox"/>	<input type="checkbox"/>	1
Dilated superficial veins (non varicosed) symptomatic leg	<input type="checkbox"/>	<input type="checkbox"/>	1
Previously documented DVT	<input type="checkbox"/>	<input type="checkbox"/>	1
Alternative diagnosis is as likely or ≥ DVT Specify alternative diagnosis:	<input type="checkbox"/>	<input type="checkbox"/>	-2
DVT unlikely if score <2; DVT possible if score ≥2	score		Total

Management of suspected DVT



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Blood results

D-Dimer						
FBC	Hb	WCC	Plt			
Coag	PT	APTT	Fib	INR		
U&Es	Na	K	Cl	Ur	Creat	
LFTs	ALT	Bil	AlkP	GGT	LDH	
Other	CRP	Ca				
Urinalysis						

Consider inpatient assessment in following circumstances:

- Immobility/severe pain
- Social circumstances
- Pregnancy (refer to obs/gyn middle grade on call)
- High risk of bleeding
- Inherited bleeding tendency
- Heparin-induced thrombocytopenia
- Possible PE
- Active peptic ulcer
- Uncontrolled hypertension
- Patient unable to understand instructions

Management Plan (tick box)

- DVT excluded → discharged back to GP
- DVT excluded → referred to other clinician, specify:
- DVT requires confirmation/exclusion by US as an outpatient
- DVT requires confirmation/exclusion as an inpatient because patient unsuitable for outpatient management
- DVT confirmed (refer to senior Medical team)

If patient continues on outpatient management protocol:

- Discuss diagnosis and treatment plan with patient
- Prescribe and administer LMWH
- Issue emergency patient information sheet
- Book US appointment: Date / / Time /
- and review appointment within 48 hrs: Location / / Time /

If no US slot available, see Radiologist

LMWH	Dose:	Route:	Date (1st dose): / /	Date (2nd dose): / /	Date (3rd dose): / /
Tinzaparin			Administered by:	Administered by:	Administered by:

Clinician/Prescriber signature	Designation
PRINT NAME	Date

Patient Name:

CHI number:

Confirmed DVT/outpatient management

Consultant/Medical Review

All patients need a detailed history, full examination and **chest x-ray**. Provoking factors should be identified. Unprovoked DVT should raise the possibility of underlying sinister pathology such as neoplasm.

Signature

Designation

PRINT NAME

Date

- ♦ Review all current medications
- ♦ Consider stopping contra-indicated medications

Advice for patients taking oral contraceptive pill - **consider alternative method of contraception**

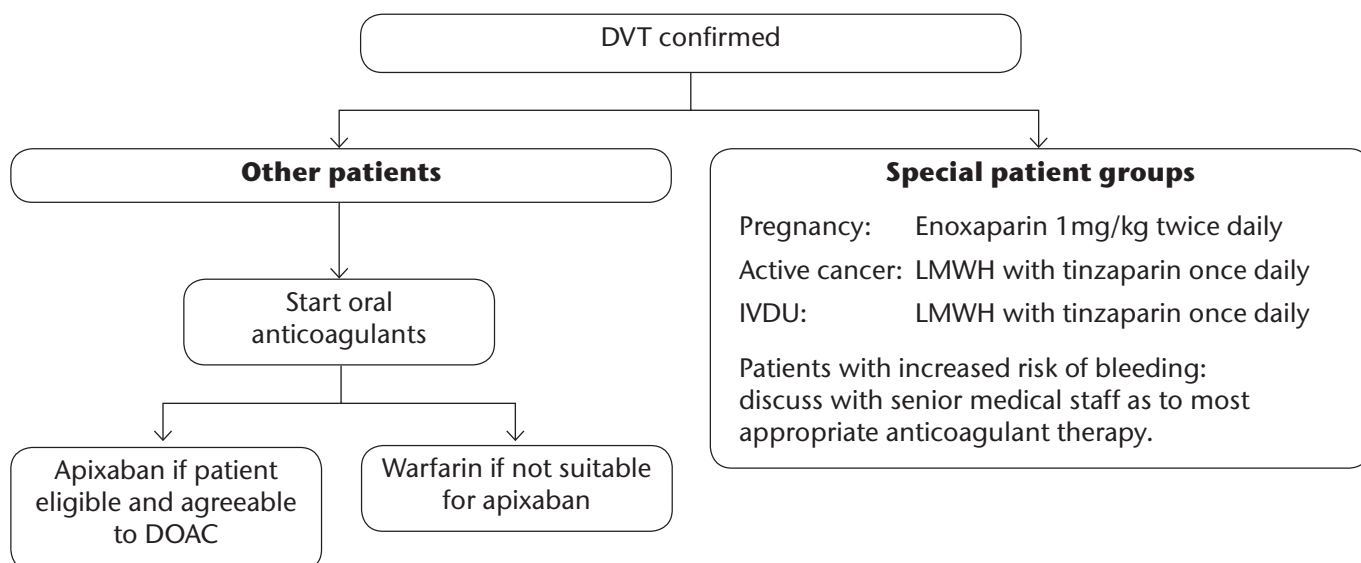
If the answer to any of these questions is YES, consider possibility of malignancy and further investigation:

Unexplained weight loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abnormal CXR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal mass on examination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Associated abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recent alteration in bowel habit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Haematuria/Melaena	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bilateral DVT/extensive unilateral DVT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unexplained PV bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Confirmed DVT/outpatient management



Pregnancy: Yes No **(if yes, ORAL ANTICOAGULANTS CONTRAINDICATED)**

If patient pregnant, discuss with on call Obs/Gyn middle grader at WGH as patient will need early obstetric review and referral to MOT clinic

Pregnant patients with acute VTE should be treated with **Enoxaparin 1mg/kg twice daily**

Eligibility for Apixaban:

Inclusion criteria for Apixaban:

- ◆ Age >18
- ◆ First DVT and/or PE
- ◆ Limited duration of anticoagulation to maximum of 6 months
- ◆ Patients more likely to be compliant with regular medications

Exclusion criteria for Apixaban:

- ◆ Creatinine clearance <15 ml/min
- ◆ Patients on dual antiplatelet therapy following cardiac intervention
- ◆ Likely to require life-long anticoagulation
- ◆ Active Cancer where LMWH is drug of choice
- ◆ Pregnant or breastfeeding women
- ◆ Liver disease associated with cirrhosis and or coagulopathy
- ◆ Concurrent use of contra-indicated medications
 - Triazole and Imidazole antifungals (except Fluconazole)
 - Protease inhibitors
 - Strong CYP3A4 inducers e.g. Rifampicin, Phenytoin, Carbamazepine
- ◆ Patients considered unsuitable for any form of anticoagulation because of increased risk of bleeding

Is patient eligible for Apixaban?

Yes No

For patients suitable for Apixaban:

- ◆ Start Apixaban 10mg twice daily for 1 week, to be issued by hospital pharmacy, followed by 5mg twice daily for 3-6 months (to be prescribed by GP)
- ◆ First dose of Apixaban to be administered 22-24hrs after last treatment date of LMWH.

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For patients to be started on apixaban, checklist:

- Apixaban education
- Apixaban information sheet
- Apixaban alert card
- LMWH to be stopped before first dose of apixaban
- 7 days supply apixaban 10mg twice daily

For patients to be started on warfarin, checklist:

- Prescribe warfarin on NHSL oral anticoagulation chart
- Referred to anti-coagulation clinic - Date of first appointment / /
- LMWH prescribed for 5 days or until INR >2 for 2 consecutive days (whichever is longer)
- 7 days supply of Warfarin
- Warfarin yellow book issued
- Warfarin education

LMWH to be administered by:

- Patient/carer
- District Nurse
- Hospital

All patients with confirmed DVT:

- Immediate discharge summary for GP
- Analgesia prescribed
- Patient given DVT information booklet
- Referred to appliance for Grade II compression stocking

Suggested duration of anticoagulation

Follow up:

- None
- Yes Specify

Additional information for discharge summary (including information given to patient):

Clinician signature	Designation
PRINT NAME	Date