ED Pathway for Suspected DVT

Symptoms and signs
- Swelling
- Pain
- Oedema confined to symptomatic leg
- Warmth
- Erythema
- Collateral superficial veins (non-varicose)

Risk factors
- PMH and/or FH of VTE
- Major trauma or recent surgery (especially abdominal/pelvic) within last 12 weeks
- Obesity
- Immobility (bedridden ≥ 3 days)
- Increasing age
- Malignancy (treatment/palliation within last 6 months)
- Hyperviscosity syndromes (myeloma, polycythaemia vera, essential thrombocythaemia, CML)
- Thrombophilia
- Oestrogen therapy e.g. COCP, HRT

Investigations
Bloods - U&Es, FBC, clotting , CRP
Measure diameter of calves, 10cm below tibial tuberosity

Is the patient pregnant or 6 weeks post-partum?

YES

Commence anticoagulation with enoxaparin if high clinical suspicion of DVT and the patient is stable

Pre-pregnancy booking weight	Enoxaparin dose
≤ 50 kg	40mg BD
50-69kg	60mg BD
70-89kg	80mg BD
≥ 90kg	100mg BD

DVT wells score is NOT validated in pregnancy/post-partum

Do NOT perform D dimer testing

Arrange DVT clinic appointment for USS Doppler
- Book into clinic appointment using DVT returners' book, located in AMU main reception (ext 12702)
- Ensure minimum information provided:
  - Patient details
  - Laterality of suspected DVT
  - Gestation age/number of weeks post-partum

Request USS Doppler of affected leg on PICS, include:
- Date of DVT clinic appointment
- Gestation age/number of weeks post-partum

Discharge patient, providing:
- Letter specifying the DVT clinic appointment date and time and where to go (AMU main reception)
- TTO for 1mg/kg enoxaparin BD - give enough cover for interim period
- Safety net advice (particularly if develops signs/symptoms of PE)
- Inform patient to let their community midwife know

For acute obstetric concerns, contact on-call obs/gynae reg via BWH switchboard

NO

Are there also symptoms/signs of PE?
- Dyspnoea (sudden onset)
- Pleuritic chest pain
- Haemoptysis
- Syncope
- Tachypnoea (RR > 20)
- Low grade fever
- Pleural rub
- Tachycardia

YES

Investigations
- 12 lead ECG
- CXR

Refer to ED suspected PE pathway

NO

Calculate DVT Well's score

Alternative diagnoses for DVT Wells score:
- Cellulitis (fever, erythema)
- Arthritis (posterior knee swelling may indicate Baker's cyst)
- Lymphoedema
- Peripheral oedema (CCF/cor pulmonale)
- Thrombophlebitis (palpable vein, note proximal superficial thrombophlebitis may be associated with DVT)
- Trauma (calf muscle tear/strain, haematoma, Achilles tendon rupture/sprain, fracture)
- Post-thrombotic syndrome
- Chronic venous insufficiency

≤ 1

Send D dimer

D dimer -ve
- Ensure DDx ruled out
- Consider discharge with safety net advice

D dimer +ve
- Consider alternative causes for a raised D-dimer
- Commence anticoagulation with **apixaban 10mg BD** if no contraindications

≥ 2
- Commence anticoagulation with **apixaban 10mg BD** if no contraindications
- Send D dimer prior to anticoagulation

Arrange DVT clinic appointment for USS Doppler
- Book into clinic appointment using DVT returners' book, located in AMU main reception (ext 12702)
- Ensure minimum information provided:
  - Patient details
  - Laterality of suspected DVT
  - DVT Wells score

Request USS Doppler of affected leg on PICS, include:
- Date of DVT clinic appointment
- DVT Wells score

Discharge patient, providing:
- Letter specifying the DVT clinic appointment date and time and where to go (AMU main reception)
- TTO for apixaban 10mg BD for 7 days, 5mg BD thereafter – give enough cover for interim period
- Safety net advice (particularly if develops signs/symptoms of PE)