

**Patient with signs or symptoms of DVT**

See overleaf for details of patient groups that this pathway should **NOT** be used for.

Other causes excluded by assessment of general medical history and physical examination

**Refer immediately if pregnant or given birth within the past 6 weeks**

**Two-level DVT Wells score**

**DVT likely (Wells score  $\geq 2$ )**

**DVT unlikely (Wells score  $\leq 1$ )**

Contact Care Coordination Centre (CCC) to arrange ultrasound scan

D-dimer test

Is an ultrasound scan available today?

Was the D-dimer test positive (i.e.  $\geq 500$  ng/ml fibrinogen equivalent units (FEU))?

Ultrasound scan

Contact Care Coordination Centre (CCC) to arrange ultrasound scan

Prescribe parenteral anticoagulant to be administered once daily until scan and arrange for bloods to be taken for U&Es.

Was the ultrasound scan positive?

Is an ultrasound scan available today?

Ultrasound scan

Prescribe parenteral anticoagulant to be administered once daily until scan and arrange for bloods to be taken for U&Es.

**Diagnose DVT and treat – treatment initiated by SaTH (AEC)**

Was ultrasound scan result positive?

ultrasound scan

Was ultrasound scan result positive?

See overleaf for details of actions following **EQUIVOCAL SCAN RESULTS**

**Diagnose DVT and treat – treatment initiated by SaTH (AEC)**

Advise patient that it's not likely that they have DVT. Discuss with them the signs and symptoms of DVT, and when and where to seek further medical help. Take into consideration alternative diagnosis.

### EQUIVOCAL SCAN RESULTS:

- An equivocal result is provided when an accurate picture of the leg vein cannot be obtained, this is usually due to the size of the patient's leg. In such circumstances an accurate diagnosis cannot be made.
- Patients with equivocal scan results will be referred back to their GP
- Clinical reassessment of patients with equivocal scan results is essential
- Carry out D-dimer test if not already done
- If there is high clinical suspicion AND the D-dimer result is positive (i.e.  $\geq 500$  ng/ml FEU) refer for PROXIMAL vein scan after one week. A negative proximal vein scan would indicate that DVT is unlikely

### Do NOT use this pathway if:-

- **History > 4 weeks** (consider outpatient ambulatory emergency care - AEC)
- **In plaster cast** (consider outpatient ambulatory emergency care - AEC)
- **Bed bound** (consider outpatient ambulatory emergency care - AEC)
- **Bilateral Leg swelling** (consider other pathology before considering outpatient ambulatory emergency care - AEC)
- **Patient under 18 years of age** (refer to paediatrics)
- **Previous history of DVT in last 18 months** (consider outpatient ambulatory emergency care - AEC)
- **Patient already on anticoagulant treatment** (consider outpatient ambulatory emergency care - AEC)
- **Contraindication to tinzaparin** (consider outpatient ambulatory emergency care – AEC)