

Access to Out Patient DVT Service

Out Patients

Any out patient clinic
Suspected DVT
 Do D-Dimer: If **+ve** refer on

GP Call - In hours
 Direct call to DVT Service

GP call - Out of Hours
 Assess / Allow home if possible

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Any ward **Confirmed DVT**
 If < 14 days post op there is no point doing D-Dimer as results skewed.
 Progress to scan if clinically suspected.
 Patient **potentially dischargeable** refer on.
 If not ready for discharge remains responsibility of parent consultant team

Any ward
Suspected DVT

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Nurse led out patient DVT Service
 10:00 to 18:00
 7 days per week

Bleep 1442 for advice, patient referral, patient information leaflet and outpatient management including anticoagulation

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+ve ← **# D-Dimer** → **-ve**

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*** Scan leg** → **-ve** → **Discharge**

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+ve

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Continue Tinzaparin & introduce Warfarin

Leg Measurement

Patient presents with unilateral leg swelling or other symptoms of DVT. Measure calves 10cm below lower pole of patella

Clinical Scoring System

•Cancer	1
•Immobility	1
•Major Surgery previous 4 weeks	1
•Tenderness	1
•Entire leg swollen	1
•Calf swollen>3cm compared to other leg	1
•Pitting Oedema	1
•Collateral superficial veins	1
•Alternative diagnosis as likely as DVT	-2

Total Score

Scores

3 or > High Probability

1-2 Moderate probability

0 or < Low Probability

Points to note

- # Out of Hours - If +ve D-Dimer allow home on Tinzaparin and refer A.S.A.P to DVT Service
- * Same day or next working day. Allow home on Tinzaparin if scan next day or brought in out of hours for assessment
- See clinical guidelines for further information
- Complete referral form
- Nurse to nurse referrals acceptable
- Admit at any stage if patient unwell or PE suspected
- Patient will require a medical review following scan to confirm diagnosis
- If referred as an emergency, will be under on call Consultant of the day. May be handed back to parent Consultant as required via Consultant surgeon or SPR/SCF on call