

# DVT Pathway

NICE CG144

Otherwise known as next years Emergency  
Admission QOF pathway

# Recommendations for DVT

- Diagnostic investigations and diagnosis
- Treatments:
  - pharmacological interventions
  - mechanical interventions
- Patient information
  - verbal and written
  - self-management
- Investigations for cancer
- Thrombophilia testing

# Diagnostic investigations (1)

- If a patient presents with signs or symptoms of DVT carry out the following to exclude other causes:
  - an assessment of their general medical history and
  - a physical examination
  - EXCLUDES PE
- If DVT suspected use the [two-level DVT Wells score](#)

# Two-level DVT Wells score



Hambleton, Richmondshire and Whitby  
Clinical Commissioning Group

Clinical feature	Points
Active cancer (treatment ongoing, within 6 months, or palliative)	1
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1
Recently bedridden for 3 days or more or major surgery within 12 weeks requiring general or regional anaesthesia	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen	1
Calf swelling at least 3 cm larger than asymptomatic side	1
Pitting oedema confined to the symptomatic leg	1
Collateral superficial veins (non-varicose)	1
Previously documented DVT	1
An alternative diagnosis is at least as likely as DVT	-2
Clinical probability simplified score	
DVT <i>likely</i>	2 points or more
DVT <i>unlikely</i>	1 point or less

<sup>a</sup> Adapted with permission from Wells PS et al. (2003) Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis. *New England Journal of Medicine* 349: 1227–35

# Diagnostic investigations (2)

• *Wells score = DVT unlikely*

- Offer a D-dimer test and if the result is positive offer either:
  - proximal leg vein ultrasound scan (within 4 hours of request) or
  - if proximal leg vein scan not available within 4 hours, interim 24-hour dose of a parenteral anticoagulant followed by proximal leg vein ultrasound within 24 hours of request

# Diagnostic investigations (3)

• *Wells score = DVT likely*

Offer USS urgently

- if proximal leg vein scan not available within 4 hours, D-dimer test and an interim 24-hour dose of anticoagulant (Rivaroxaban) followed by proximal leg vein ultrasound within 24 hours of request

Repeat proximal leg vein ultrasound scan 6–8 days later for all patients with positive D-dimer test and negative proximal leg vein ultrasound scan\*\*

# Diagnosis

- **Diagnose DVT and treat** patients with positive proximal leg vein ultrasound
- Take into consideration **alternative diagnoses** in patients with:
  - unlikely two-level DVT Wells score and negative D-dimer test or positive D-dimer test and negative proximal leg vein ultrasound scan.
  - likely two level DVT Wells score and negative proximal leg vein ultrasound scan and negative D-dimer test  
or repeat negative proximal leg vein ultrasound scan.

# Pharmacological treatment

- Patients with confirmed proximal DVT offer:
- Vitamin K antagonist (VKA treatment) within 24 hours of diagnosis. Continue for at least 3 months
- HRWCCG has chosen Rivaroxaban for ease of use, lower impact on Primary Care and Community Service



# Mechanical interventions

- Offer below-knee graduated compression stockings (ankle pressure greater than 23mmHg) to patients with proximal DVT a week after diagnosis or when swelling is reduced sufficiently:
  - advise patients to continue wearing the stockings for at least 2 years
  - ensure that the stockings are replaced two or three times per year or according to the manufacturer's instructions
  - advise patients that the stockings need to be worn only on the affected leg or legs

## Patient information: verbal and written

- How to use anticoagulants
- Duration of treatment
- Possible side effects and what to do
- Effects of other drugs, foods and alcohol
- How anticoagulants may affect dental treatment
- How activities may be affected
- When and how to seek medical help
  
- Work on generic leaflet to include Rivaroxaban use

# Patient information: self management

- **Information and advice**

- Patients on anticoagulant treatment should receive an 'anticoagulant information booklet' and an 'anticoagulant alert card'

- Advise patients about the correct application and use of below-knee graduated compression stockings

# Investigations for cancer (1)

- Offer all patients with unprovoked DVT or PE, who are not known to have cancer :
  - physical examination (guided by patient's full history) **and**
  - chest X-ray **and**
  - blood tests (full blood count, serum calcium and liver function tests) **and**
  - urinalysis

# Investigations for cancer (2)

- First unprovoked DVT or PE?
- No signs or symptoms of cancer based on initial investigation?
- Over 40?
  
- Consider further investigations for cancer:
  - abdomino-pelvic CT scan
  - mammogram for women

# Thrombophilia testing

- X Do not offer to patients who are continuing anticoagulation treatment
- X Do not offer to patients who have had provoked DVT or PE
- X Do not routinely offer to first-degree relatives of people with a history of DVT or PE and thrombophilia
- ✓ Consider for patients with unprovoked PE or PE if it is planned to stop anticoagulation treatment

# Exclusions

- Pregnancy
- Severe Liver Disease
  - Jaundiced or enlarged liver
- Severe Renal Failure
  - Caution eGFR 15-30
  - CI eGFR <15

# Next Steps

- Agree arrangements with Radiology
- Aim to commence pathway 1.1.13
- Distribute
  - Pathway document
  - PIL
  - Develop low impact QP assessment with LMC



# GP-YAS Liaison

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