

DVT Pathway Investigation Proforma

Please use in conjunction with DVT Pathway Information document

GP:

Patient name:

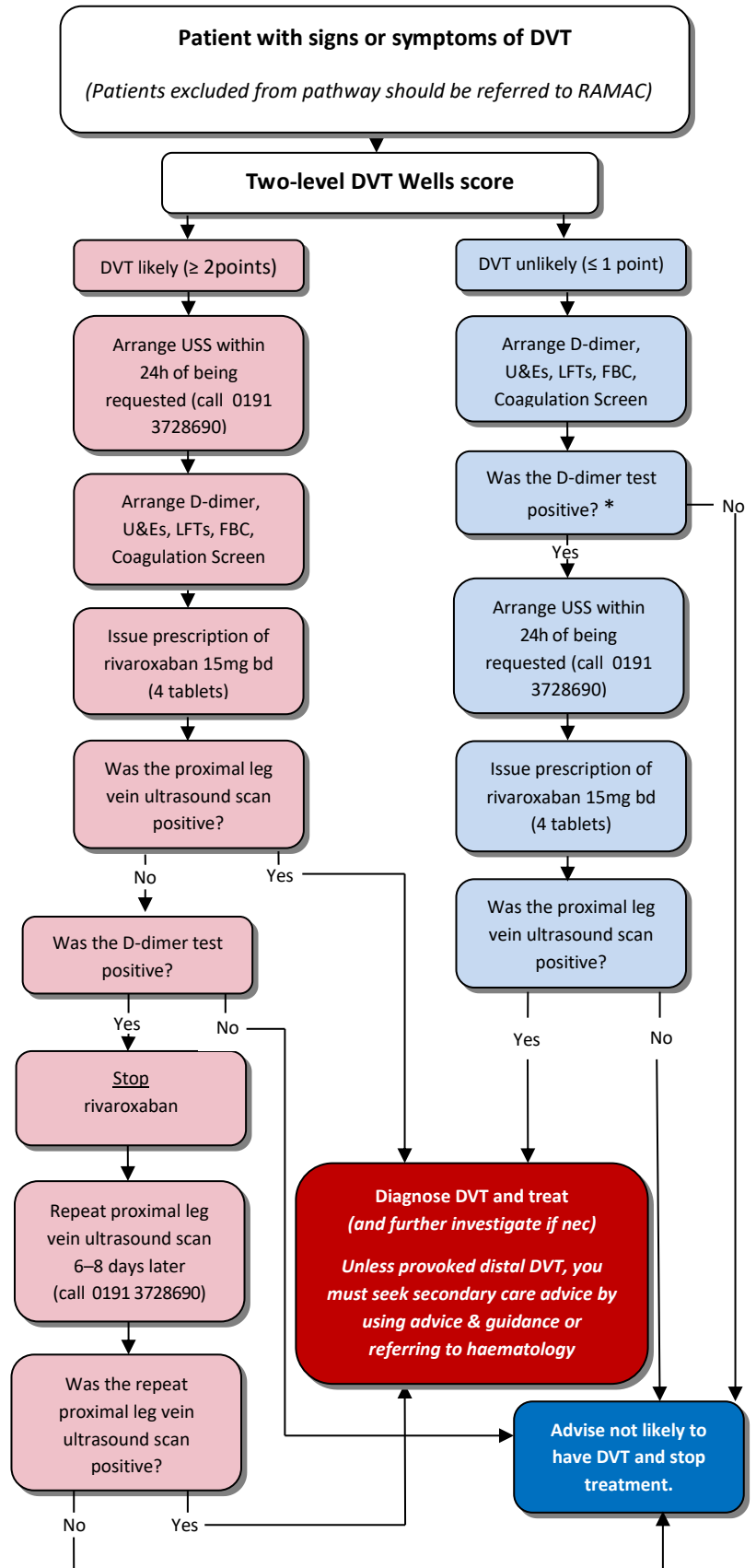
Date of birth:

Tel No:

NHS Number:

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

Suitable for primary care Rx with rivaroxaban?	
<input type="checkbox"/>	NO, because of one or more of the reasons below
<input type="checkbox"/>	Pregnancy or breastfeeding/post-partum
<input type="checkbox"/>	Age <18 years
<input type="checkbox"/>	Currently on warfarin or low molecular weight heparin
<input type="checkbox"/>	Symptoms of PE
<input type="checkbox"/>	Systolic BP >180 or diastolic > 115
<input type="checkbox"/>	Anticipated compliance problems even with support (e.g. mental illness or alcohol or drug misuse, inability to follow instructions)
<input type="checkbox"/>	Severe renal impairment <i>ie creatinine clearance < 30 ml/min</i>
<input type="checkbox"/>	Known liver failure
<input type="checkbox"/>	Potential bleeding lesions e.g. GI, GU, or intracranial bleed <4/52 ago
<input type="checkbox"/>	Congenital or acquired bleeding disorders or platelets <90 x 10 ⁹ /L
<input type="checkbox"/>	On contra-indicated drugs (see DVT Pathway Info document)
<input type="checkbox"/>	YES, as none of the above



*if D-dimer result not available until next day please read DVT Pathway Information document

Ultrasound Appointment Details for Proximal Leg Scan		
Date	Time	Location
Leg	Right <input type="checkbox"/>	Left <input type="checkbox"/>
Result of Scan:	Poor Images <input type="checkbox"/>	No DVT <input type="checkbox"/> Confirmed DVT <input type="checkbox"/>
Comments:		
GP Appointment Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		

if initial scan is negative and d-dimer is raised, stop treatment and arrange second scan 6-8 days later

Repeat Ultrasound Appointment Details for Proximal Leg Scan		
Date	Time	Location
Leg	Right <input type="checkbox"/>	Left <input type="checkbox"/>
Result of Scan:	Poor Images <input type="checkbox"/>	No DVT <input type="checkbox"/> Confirmed DVT <input type="checkbox"/>
Comments:		
GP Appointment Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		

PATIENT INFORMATION SHEET ON POSSIBLE DEEP VEIN THROMBOSIS

Your GP has examined you today and thinks you may possibly have a Deep Vein Thrombosis (DVT). This is a condition where the blood in the veins of the leg has clotted which can lead to pain, redness and swelling of the leg. If you are shown to have a DVT, you will be commenced on a treatment that thins the blood until your body naturally dissolves the clot and your leg returns to normal.

There are other possible causes of painful, swollen legs and your GP will be looking into those also. Although some people can suffer a DVT out of the blue, in most cases there is a history of immobility due perhaps to prolonged sitting or following an operation. When treated promptly, this condition rarely causes serious or long term problems, but this leaflet will tell you of warning signs to look for and advise you contact the number given below if in any doubt.

WHAT HAPPENS NOW?

You have been given a Patient-held record. Please keep this document safe. It helps health care staff know what treatment you have already received and how they should deal with you. Please take it with you to all appointments to show to healthcare staff. They will complete the record and hand it back to you. Once you have completed the DVT pathway please ensure your record is handed back to your GP.

You will be started on Rivaroxaban 15mg twice a day to thin your blood. Your GP will also arrange an appointment for you to attend hospital where a special ultrasound scan of the leg will show if there is a DVT or not.

- If there is no DVT, you must stop taking the Rivaroxaban tablets and you will be advised to see your GP.
- If the ultrasound shows there is a DVT, you will continue taking rivaroxaban 15mg tablets twice a day for 3 weeks in total then usually (depending on your kidney function) 20mg once daily thereafter.
- Depending on the type of DVT you may need treatment for 3 months, 6 months or longer.

You must see your GP if you have a DVT so you can be questioned and examined and informed about the causes and effects of a DVT.

WHAT DO I DO IF I FORGET TO TAKE A DOSE?

If a dose is missed during the 15 mg twice daily treatment phase (day 1 - 21), you should take the missed dose immediately when you realise. In this case two 15 mg tablets may be taken at once. You should then continue with the regular 15 mg twice daily intake as recommended on the following day.

If a dose is missed during the 20mg once daily treatment phase (day 22 and onwards), you should take the dose immediately, and continue on the following day with the once daily intake as recommended. Do not take two tablets (two doses) within the same day to make up for a missed dose.

WHEN TO SEEK FURTHER ADVICE?

Telephone your general practice if you get any of the following problems before you get your leg scan;

- Any chest pain or breathlessness
- Any cough
- Any worsening of the redness or pain in the leg
- Any signs that swelling or redness is spreading

Telephone 111 if your general practice is closed or **call 999 if you think the problem is an emergency.**

PLEASE CONTACT YOUR GP IF YOU HAVE NOT MENTIONED ANY HISTORY OF PREGNANCY, RECENT OPERATION, A HISTORY OF STROKE OR INTERNAL BLEEDING.