

Lower Limb DVT pathway

Dundee Locality

GPS / Out Of Hours/Emergency Department

Since 2018 changes have been made to the pathway for the referral of suspected DVT

This service is aimed at patients that are:

- Ambulant patients that is suitable for an outpatient assessment.
- Patients who are not pregnant or less than 6 weeks Post parturition (**those who are should be discussed with obstetrics**)

This service should not be used for patients with suspected PE or Upper Limb DVT. Please refer to Acute Medicine (AAA)

The acutely unwell/high risk patient should continue to be managed via the acute team.

For all other adults the service for the assessment and management of proximal DVTs will be referred to Clinical Investigation Unit (CIU). The aim is to deliver a better quality, patient service, with consistent follow up post confirmed DVT. Also reduce the waiting time patient has within the unit.

“In Hours” i.e. Monday to Friday 8am – 4pm.

The expected referral to the CIU service by primary care will be via SCI-Gateway negating the need for practices to speak directly with acute services. This option can be found listed under **General Medicine – DVT.**

Referrals from OOH service and Emergency Department can be made by emailing tay.ciudvt@nhs.scot . OOH contact record (Adastra) is an acceptable referral format.

It is essential that patients PTP score is included in the referral to ensure appropriate assessment stratification. (**All patients will be seen regardless of PTP score**). Please include the patient's preferred contact number and advise the patient that someone will call them from CIU with the next available appointment.

Please advise patient to call CIU on 01382 632494 if they have not been contacted within 5 hours of referral.

Referrals made after 4pm (Monday – Thursday) will be contacted by CIU the next day, again please advise patient that CIU Staff will call to make arrangements.

Patients referred after 12mid day on Friday will be contacted, normally that afternoon but by next working day at the latest, and will be assessed on Monday or Tuesday if a Public Holiday weekend.

Please see “Out of Hours” 4pm – 8am weekdays + weekends

Appendix 2 for pre- assessment treatment in the community and Out of hours.

SCI – Gateway remains the best option for referral if this is available. Referrals will be screen the following working day. If SCI-Gateway is not available, an email addresses referral via TAY.ciudvt@nhs.scot. Is appropriate, again patients will be contacted the next normal working day.

In the event of a positive diagnosis, treatment will be issued and education given. Follow up and long term care will be considered and clear plan made at MDT ad be communicated back to patient at 6 week appointment and communicated back to GP.

Please note that it is essential that the correct option from SCI-Gateway is chosen for referral. The staff screening the referrals will only have access to the **General Medicine – DVT** referral location and as such any referral that is sent to an alternative location will create significant delay in appointment. Please see appendix 3 for clarity. Note also that referrals to PRI and Arbroath are via local agreed pathways.

Please be aware NW Vascular Laboratory perform full leg Doppler scans for DVT assessment. Patients with negative scans and positive D-Dimer will not routinely be recalled for a 7 day reassessment as this evidence relates to situations where distal DVT may extend. Full leg, including calf, Doppler scan prevents the need for these reassessments as distal DVT has been excluded.

Please note that treatment decisions will be under taken via the DVT service. Prior to assessment decisions regarding pre-treatment should consider the following.

Renal function should ideally be checked before initiation of Rivaroxaban. Unlike the situation for AF patients, where creatinine clearance dictates dosing, there is no initial dose reduction in renal impairment for the first 21 days when using Rivaroxaban to treat DVT. Unless there is a concern about significant renal dysfunction, i.e. creatinine clearance less than 30mls/min, a few doses of Rivaroxaban while waiting confirmation of DVT is unlikely to be problematic. Bloods will be checked as part of DVT assessment prior to final anticoagulation therapy decision being made.

Rivaroxaban is contraindicated if creatinine clearance is less than 15ml/min. These patients should be treated with low molecular weight heparin initially and if proved positive then Warfarin will be initiated.

Most Patient with known Cancer are suitable for initial Rivaroxaban cover whilst waiting assessment, unless they are known to be a high bleeding risk (in this case may require discussion with on call medics.) Apixaban can also be considered (see Caravaggio Study). If DVT is confirmed on assessment, longer term anticoagulation may be require further discussion with oncology.

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Clinical Investigation Unit (CIU) – DVT Pathway

Aims:

- Efficient assessment of ambulant patients with possible DVT
- Standardised follow up and assessment procedures
- Clear decision making re: length of treatment and choice of agent
- Improve patient experience with streamlined assessment

Access:

- Patients suitable for outpatient assessment
- Patients who are not pregnant (**those who are should be discussed with obstetrics**)
- * SCI-Gateway Referral (General Medicine – DVT)
- Referrals screened regularly until 4pm Monday - Friday
- CIU staff will contact patient to arrange attendance
- * If SCI-Gateway unavailable (e.g. Out of hours) email referral can be made via Tay.ciudvt@nhs.scot
- Out of hours/weekend referrals will be checked on next normal Working day
- Please see attached flow chart and appendices for further treatment Information

Outcome:

- Patients with confirmed DVT will be discussed at DVT - MDT
- Advised treatment plan discussed with patient
- Understanding of condition ensured and education given
- Further medical follow up arranged if appropriate
- Patients with negative results will be given appropriate advice

*Please note. Referral processes for PRI and Arbroath Infirmary are arranged locally.

APPENDIX 1

Pre Test Probability Scoring	
CLINICAL FEATURE	POINTS
Active Malignancy (treatment ongoing within 6 months or palliative)	1
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1
Recently bedridden for more than 3 days or major surgery within 12 weeks requiring general or regional anaesthesia	1
Localised tenderness along the distribution of the deep venous system	1
Calf swelling 3cm 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 likely as DVT	-2
TOTAL SCORE:	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>
Clinical Probability Simplified Score (PTP)	
DVT “Likely”	2 points or more
DVT “Unlikely”	1 point or less

APPENDIX 2

Patients in whom anticoagulation should be given prior to hospital clinic assessment

PTP 0-1 – Same day or next day assessment – Anticoagulation not required

PTP 0-1 – Assessment delayed up to 72 hours – Anticoagulation appropriate if bleeding risk low. If high risk - case should be discussed with AMU on call.

PTP 2+ Same day assessment – Anticoagulation not required

PTP 2+ Not same day assessment - Anticoagulation appropriate (if high bleeding risk discuss with AMU on call).

In all cases of pre assessment anticoagulation Direct Oral Anticoagulant (DOAC) or Low Molecular Weight Heparin (LMWH) are equally appropriate.

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DVT FLOW CHART

*(Please see appendix 1)

For PTP scoring system.
N.B. free apps are also available for electronic calculation. Total score only is needed

Patient presents with possible DVT

PTP score* completed and referral to
Clinical investigation unit **

Consider need for giving Anticoagulation
before hospital assessment
(See Appendix 2)

Referral received in Clinical investigation
unit. Patient Contacted by CIU staff

PTP 0-1

Clinical Assessment and D-Dimer in
Clinical Investigation Unit (CIU)

DVT Ruled
out

D-Dimer positive
patient attends
Ultrasound

PTP 2 +

Patient attends Ultrasound

Clinical Assessment and initial
management in CIU

Case Discussed at Tayside DVT MDT
for all positive DVTs.

Management plan and duration of
therapy decisions finalised

Standard 6 week follow up
appointment at CIU for all patients
confirmed with DVT (Angus/PRI
arrangements may differ)

Consider need for reassessment in high
probability DVT with negative scan – D.Dimer
checked. (CIU to arrange in the unlikely
event this is needed).

** Referral via SCI-
Gateway (General
Medicine – DVT.

Or email if OOHs /A+E

Tay.ciudvt@nhs.scot

