Deep vein thrombosis ambulatory care





Inclusion criteria:	Clinical suspicion of DVT
Exclusion criteria:	 Non-ambulant Complicated medical problems requiring hospital admission

Refer all pregnant patients to obstetric triage.

Patients with severe pain, swelling and discolouration of the leg suggestive of phlegmasia cerulea dolens should be admitted and discussed with Haematology and Vascular Surgery regarding further intervention. Other patients should be referred directly to Ambulatory Care from ED triage from 9am to 2pm Monday to Friday.

After 2pm and at weekends and bank holidays use this pathway to manage patients and refer to the next day Ambulatory Care clinic if needed.

If a patient re-presents then assess them from the beginning again.

Blood for FBC, U&E, glucose, LFTS, INR, d-dimer

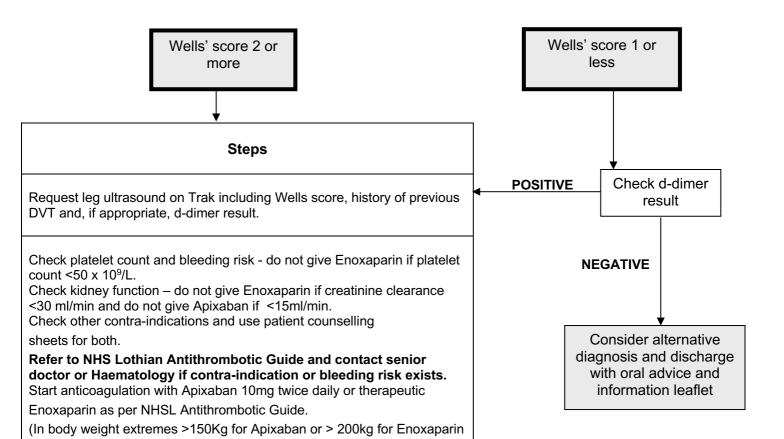
Wells' score	
Clinical characteristic	Score
Active cancer (patient receiving treatment for cancer within the previous 6 months or currently receiving palliative treatment).	
Paralysis, paresis or recent plaster immobilisation of the lower extremities	
Recently bedridden for 3 days or more, or, major surgery within previous 12 weeks requiring general or regional anaesthesia	
Localised tenderness along the distribution of the deep venous system	
Entire leg swollen	
Calf swelling at least 3cm larger than of the asymptomatic side (measure 10cm below tibial tuberosity)	
Pitting oedema confined to the symptomatic leg	
Collateral superficial veins (non-varicose)	
Previously documented deep vein thrombosis or pulmonary embolus	
Alternative diagnosis at least as likely as deep vein thrombosis	
Total Score:	

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DVT REFERRAL PATHWAY





To book patient into the clinic:

discuss with senior doctor or Haematology.

- Complete the patient's notes or discharge letter on Trak.
- Ask ED or AMU reception to book patient into the next day ambulatory care clinic as a NEW DVT patient.

Advise patient they will be contacted the next day with time for leg ultrasound and review in the Acute Medicine Unit.

Discharge with oral advice and Ambulatory Care Information leaflet and tick ambulatory care as the discharge destination on Trak.

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DVT REFERRAL PATHWAY



NHS LOTHIAN

NEW ROYAL INFIRMARY OF EDINBURGH

Ambulatory Care Patient Information Leaflet

You are being investigated or treated for the cause of your illness and the medical team looking after you have decided that you are well enough to go home and have this done as an out-patient.

We would like you to return to the Acute Medical Unit Reception Area on / / where you will be seen in the Ambulatory Care Clinic.

- If you are being investigated for a clot in the leg the nursing staff there will contact you that morning with the exact time that you should attend.
- If you are being investigated for for a clot in the lung you should attend the Acute Medical Unit Reception Area at 10am.
- All other patients should be given a time to attend prior to discharge.

You may have been commenced on treatment while we wait to get the tests done and you may require further treatment at the clinic.

Sometimes it can take more than one day to arrange the tests you require, especially if you come at the weekend.

If you do require further tests, such as a scan, you should also return to the Ambulatory Care Clinic after the test. You will likely be given the result later that day and reviewed by medical staff there.

Please continue to take any other medications prescribed for you unless advised to stop them. Please be aware that you may spend some hours in the cllnic and please bring an overnight bag in case you subsequently need hospital admission.

You should attend the Emergency Department if you become more unwell after going home.

You can telephone for advice if you are unsure: Emergency Department - 0131- 2421300 Acute Medical Unit - 0131- 2421422

