**Clinical Guideline**

**Suspected deep vein thrombosis - Investigation pathway**

<table>
<thead>
<tr>
<th>Clinical feature</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active cancer</td>
<td>1</td>
</tr>
<tr>
<td>Paralysis or recent immobility of lower extremities (eg, in plaster)</td>
<td>1</td>
</tr>
<tr>
<td>Bed ridden &gt;3 days or within 12 weeks of major surgery</td>
<td>1</td>
</tr>
<tr>
<td>Local tenderness along deep veins</td>
<td>1</td>
</tr>
<tr>
<td>Entire leg swollen</td>
<td>1</td>
</tr>
<tr>
<td>Calf swelling &gt;3cm more than asymptomatic side</td>
<td>1</td>
</tr>
<tr>
<td>Pitting oedema on symptomatic side only</td>
<td>1</td>
</tr>
<tr>
<td>Collateral superficial veins</td>
<td>1</td>
</tr>
<tr>
<td>Previous documented DVT</td>
<td>1</td>
</tr>
<tr>
<td>Alternate diagnosis at least as likely</td>
<td>-2</td>
</tr>
</tbody>
</table>

**2 level Wells DVT score**

If DVT unlikely

- Less than 2 points
  - Alternate diagnosis at least as likely

If DVT likely

- 2 or more points
  - Book proximal compression US (ext 7202), ideally within 4 hours or, at least, by next working day. If scan likely to be >4 hours, start LMWH at treatment dose and continue until scan.

**If DVT likely**

- Check D-Dimers

**If DVT unlikely**

- Check D-Dimers if not already done

**Scan negative**

- Check D-Dimers if not already done

**Scan Positive**

- Commence treatment within 1 hour of positive scan

See DVT (confirmed) management guideline

**D-Dimers raised**

- Repeat scan in 6 to 8 days

**D-Dimers normal**

- Exclude DVT and consider other causes

**Conclusion**

- DVT likely: 2 or more points
- DVT unlikely: Less than 2 points

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1 Paying particular attention to other causes and possible contraindications to anticoagulation

2 Pregnant women presenting with signs or symptoms of DVT should go straight for compression US; their obstetric team should be informed immediately

3 Result to be documented in the notes

4 Book via DVT vascular service on ext 7202. For patients with upper limb DVT, discuss with radiology regarding what imaging is appropriate

5 Patients with associated back pain or whole leg swelling should be considered for venography (if suspicion of thrombosis remains high despite negative US). Discuss with consultant radiologist.

6 For all inpatients, and for anyone presenting to the DVT service, the emergency department or medical admissions who has had an admission within the last 12 weeks, an incident form should be completed and sent to the trust risk team. If the patient has undergone recent surgery, inform the surgical team of the patient's diagnosis

7 If presenting via A&E or MAU and deemed suitable for outpatient treatment, or discharged prior to repeat scan, refer to DVT service for further management on ext 6378. Otherwise, admit patient via usual route.

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**Suspected deep vein thrombosis: Investigation Pathway – clinical guideline, v1**

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