11

DVT Pathway in Primary Care - The GP Role

GP clinically suspects possible DVT History and examination undertaken. Wells Score undertaken

Clinical Feature	Score
Active Cancer (treatment ongoing or 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	+1
Localised tenderness along the distribution of the deep venous system	+1
Entire leg swollen	+1
Calf swelling ≥3cm larger than the asymptomatic leg	+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
TOTAL Low (0 to 1 point) DVT unlikely TOTAL High (2 or more points) DVT likely	

If DVT still suspected Prescribe Rivaroxaban 15mg bd (21 day supply only) Send bloods for D-dimer (urgent), Clotting screen, FBC, U&E, LFT, CRP

Once D-dimer returned complete DVT Referral Form Fax completed form to BTHFT Radiology Department

Venous US Scan result returned from BTHFT. This will include self-referrers to A&E GP is notified patient is on the pathway and up to date contact details recorded

Negative Result GP contacts patient to stop medication

3~

Positive Result

GP contacts patient to ensure compliance with Rivaroxaban 15mg bd and prescribe Rivaroxaban 20mg od for 12 weeks in total

Positive Results: Patients will **automatically** be referred to the **Thrombosis Clinic**No GP action required

GP will be notified if **DNA** to ensure anticoagulation therapy is continued appropriately

Continuation therapy is 20mg od. The 15mg bd should NOT be repeated

This interaction will be through SystmOne

Desira: First 21 DAYS II NO NGED TO ABJ.

Africa 21 DAYS CCI AISMI/min

15-49

-do not noc