

Appendix 4 – DVT Treatment Proformas for Urgent Care/GP

DVT Investigation Proforma – Enoxaparin

Please use in conjunction with GP Summary of Change document

Patient Name:

Date of Birth:

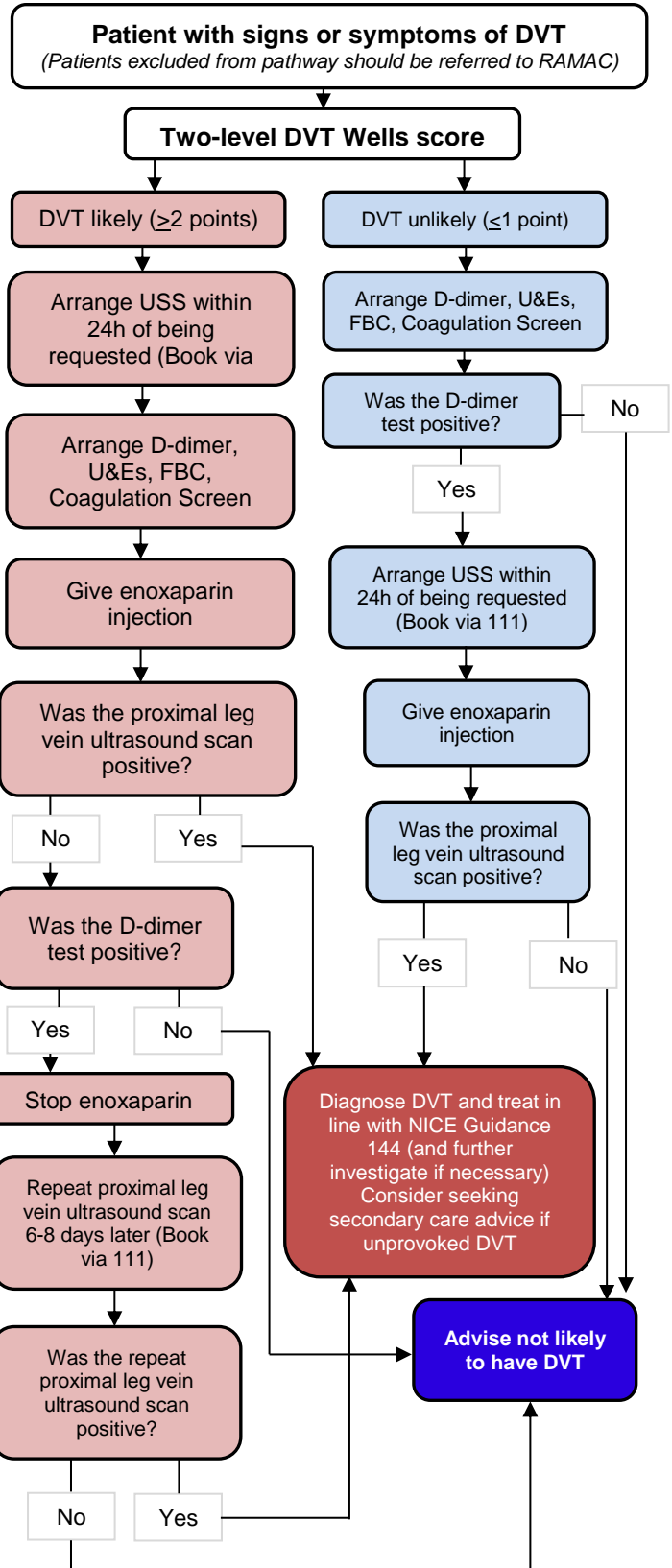
GP:

NHS Number:

Tel No:

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 ≥ 3 cm larger than asymptomatic side	1	<input type="checkbox"/>
Pitting oedema confirmed 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 enoxaparin?	
<input type="checkbox"/> NO, because of one or more of the reasons below	
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 (CKD stage 5) eGFR <15ml/min/1.73m ²	<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 <90x10 ⁹ /l	<input type="checkbox"/>
<input type="checkbox"/> YES, as one of the above	



Please note LMWH usual choice for patients with active cancer but please read GP Summary of Change document

*D-dimer result should be asked for urgently. In the situation where the D-dimer result in a DVT unlikely patient is unavoidably going to be delayed until the next day, then it would be sensible for the physician to weigh up the risk/benefits of giving a one off dose of rivaroxaban or enoxaparin, and if this is OK then it may be appropriate to give an interim dose whilst waiting for the result

DVT Investigation Proforma – Rivaroxaban

Please use in conjunction with GP Summary of Change document

Patient Name:

Date of Birth:

GP:

NHS Number:

Tel No:

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 = 3cm larger than asymptomatic side	1	<input type="checkbox"/>
Pitting oedema confirmed 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"/>

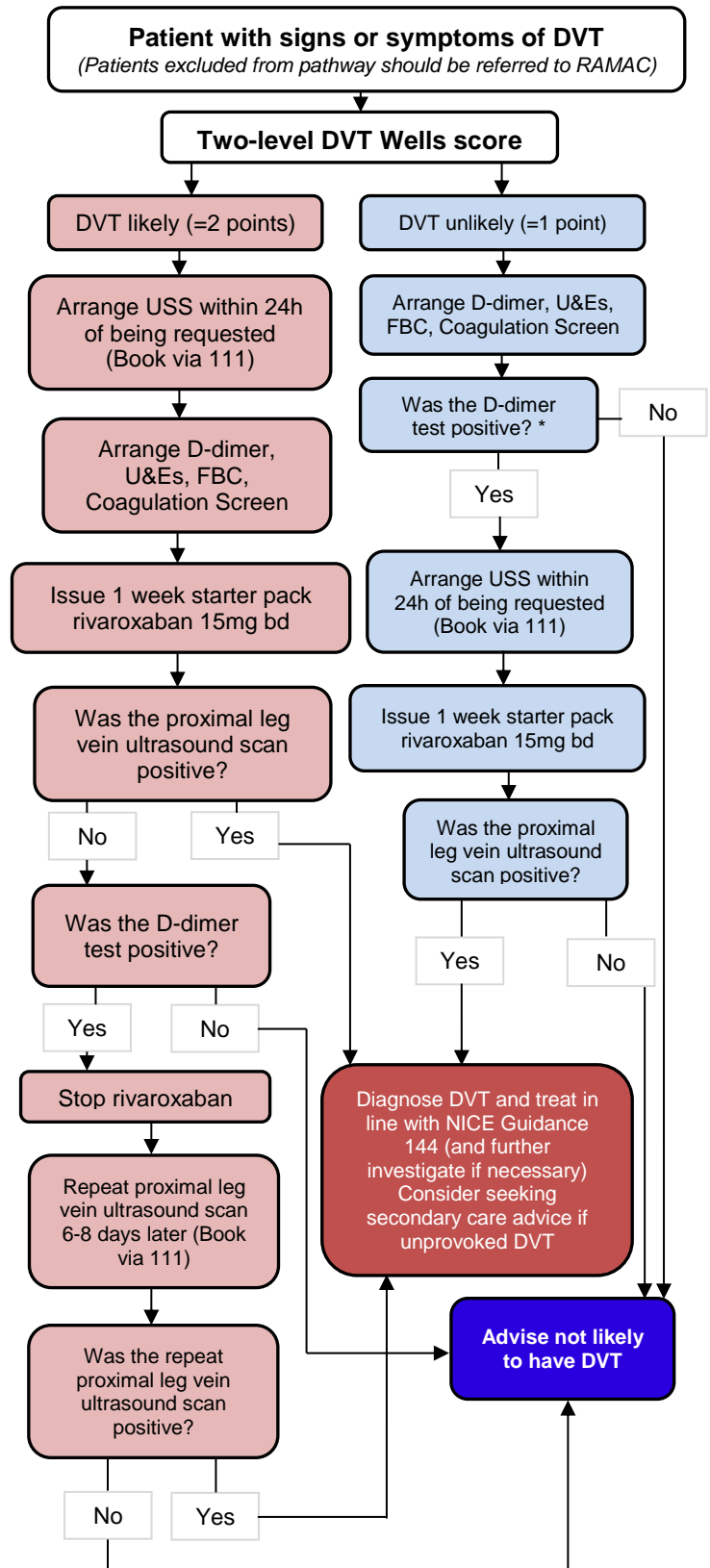
DVT likely – 2 points or more
DVT unlikely – 1 point or less

Suitable for primary care Rx with rivaroxaban?

NO, because of one or more of the reasons below

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 (CKD stage 5) eGFR <15ml/min/1.73m ²	<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 <90x10 ⁹ /l	<input type="checkbox"/>
On contra-indicated drugs (see notes)	<input type="checkbox"/>

YES, as one of the above



Please note LMWH usual choice for patients with active cancer but please read GP Summary of Change document

*D-dimer result should be asked for urgently. In the situation where the D-dimer result in a DVT unlikely patient is unavoidably going to be delayed until the next day, then it would be sensible for the physician to weigh up the risk/benefits of giving a one off dose of rivaroxaban or enoxaparin, and if this is OK then it may be appropriate to give an interim dose whilst waiting for the result.