

DEEP VEIN THROMBOSIS CLINICAL PATHWAY

PATIENT PRESENTS WITH SUSPECTED DVT

- CRITERIA:**
- Dyspnoea/Tachypnoea >16bpm
 - Pleuritic Chest Pain
 - Sinus Tachycardia >100bpm
 - Syncope
 - Risks for DVT

CLINICAL SIGNS & SYMPTOMS OF PULMONARY EMBOLUS
* CRITERIA

YES

INVESTIGATE FOR PULMONARY EMBOLUS

NO

USE DVT ASSESSMENT SCALE
ASSESS PRE-TEST PROBABILITY
(SEE PAGE TWO)

LOW
(0 or less)
Page 2

INTERMEDIATE
(1 or 2)
Page 2

HIGH
(3 or more)
Page 2

ULTRASOUND BLOODS
(FBE/CLOTTING/UE's)

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NORMAL ULTRASOUND

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Yes

No

Yes

No

Yes

No

DVT EXCLUDED

REPEAT ULTRASOUND
IN 5-7 DAYS

VENOGRAM

POSITIVE

TREAT FOR DVT

Yes

DEEP VEIN THROMBOSIS CLINICAL ASSESSMENT SCALE

	Circle if
<ul style="list-style-type: none"> • Past history of DVT/PE • Currently taking contraceptive pill or hormone replacement • Known genetic thrombophilic disorder e.g. antithrombin 	1
<ul style="list-style-type: none"> • Oncology patient (with ongoing treatment, or within last six months, or palliative) 	1
<ul style="list-style-type: none"> • Recent immobilization • Paralysis or paresis 	1
<ul style="list-style-type: none"> • Localised tenderness along the deep venous system 	1
<ul style="list-style-type: none"> • Major surgery within 4 weeks • Recent travel > 8 hours with the past two weeks 	1
<ul style="list-style-type: none"> • Leg swelling over entire limb 	1
<ul style="list-style-type: none"> • Calf swelling >3cm on symptomatic leg (measure 10cm below the tibial tuberosity) 	1
<ul style="list-style-type: none"> • Pitting oedema evident in the symptomatic leg 	1
<ul style="list-style-type: none"> • Dilated superficial veins which are non varicose 	1
TOTAL	

NOTE: In patients with symptoms evident in both legs, use the more symptomatic leg for assessment. Pretest probability is calculated as follows:

HIGH - > 3

INTERMEDIATE - 1 or 2

LOW - <0

MANAGEMENT OF CONFIRMED DVT:-

Baseline pathology investigation (FBE, U&E, LFT, INR, APTT)

Chest Xray if patient > 45 years old

Weigh Patient

Baseline observations including (SAO₂, HR, RR, BP)

Anticoagulate with low molecular weight heparin (CLEXANE) refer to page 3

Commence warfarin therapy, refer to page 3

Admit to parent unit i.e. Contact Medical Registrar

Refer to HITH

Fit patient with support stocking to affected leg

ANTICOAGULATION PROTOCOL

The patients will require daily to twice daily subcutaneous injections of Low Molecular Weight (LMW) heparin, and general monitoring to assess response and possible complications for a period of approximately 5 – 7 days. Morning blood samples for INR will be collected by the HITH nurse and warfarin given each evening according to test results by liaison with HITH coordinator.

LMW HEPARIN

The parent unit will determine the LMW heparin treatment regimen. Based on the available trial evidence and product that the pharmacy presently carry, it is most likely to be Enoxaparin (Clexane) given subcutaneously once daily.

The recommended dosage for treatment of established DVT with Clexane is 1.5mg/kg daily subcutaneously. (An alternative dose is 1mg/kg 12 hourly subcutaneously.)

Body Weight (kg)	Daily dose (iu)
40	60
45	67.5
50	75
55	82.5
60	90
65	97.5
70	105
75	112.5
80	120
85	127.5
90	135

WARFARIN:-

DAY	INR	DOSE
DAY 1	-	5* or 10mg
DAY 2	-	5* or 10 mg
DAY 3	<2	5* or 10mg
	2.0 – 2.4	5mg
	2.5 – 2.9	3mg
	3.0 – 3.4	2mg
	3.5 – 4.0	1mg
	>4	NIL

DAY	INR	DOSE
DAY 4 – until stabilised	< 1.4	10mg
	1.4 –	7mg
	2.0	5mg
	2.5 –	4mg
	3.0 –	3mg
	4.0 – 4.5	Miss 1 day then 2mg
	>4.5	Miss 2 days then 1mg

* Use 5mg for patients who are either more sensitive to warfarin or more likely to develop a bleeding complication

PILOT :Vanessa Byrne – ARMC 2001

