

Auckland regional Clinical Pathway for Deep Vein Thrombosis

Symptoms/signs of DVT:

- Unilateral leg swelling
- Redness of leg
- Pain and tenderness
- Warm heavy feeling
- May be hot to touch
- Dilated surface veins

Differential diagnosis

- Superficial thrombophlebitis
- Cellulitis
- Heart failure
- Ruptured Bakers cyst

Patient presents with features suggestive of lower limb DVT
See differential diagnosis

Age ≤ 18y

Yes

<16y: phone on call paediatrician
16 – 18y: phone on-call

No

WELLS SCORE

score

- Active cancer (treatment in last six months, or palliative)? 1
- Paralysis, paresis or recent plaster immobilisation of lower limb? 1
- Recent immobilisation > 3 days or major surgery < 12 weeks? 1
- Local tenderness along distribution of deep veins? 1
- Calf swelling > 3 cm compared to asymptomatic side (measure at 10 cm below tibial tuberosity)? 1
- Pitting oedema confined to symptomatic leg? 1
- Distended non varicose superficial veins on symptomatic side? 1
- Previously documented DVT 1
- Entire leg swollen? 1
- Is an alternative diagnosis as likely or more likely than DVT? -2

Suspected PE, acutely unwell, multiple co-morbidities?

Yes

No

Superficial thrombophlebitis?
Upper limb DVT?
Pregnant?

Yes

No

Calculate Wells Score
(risk stratification tool)

<2

≥ 2

Send for urgent D-dimer

D-dimer

Positive

Arrange DVT USS via POAC.

If delay in getting USS > 6h consider stat dose Enoxaparin (see Healthpathway for contraindications)

DVT risk low. Review if symptoms persist

No

DVT present?

Yes

Distal DVT

Proximal

DVT

If clinical suspicion high consider discussion with haematologist
Review at ≤ 7 days and at 3 months to ensure no DVT has developed

Manage according to timing of results
Consider analgesia
Give patient information

Admit under general medicine team