

| Patient information |         |      |                |   |
|---------------------|---------|------|----------------|---|
| Name:               |         | M    | Date:          |   |
|                     |         | F    | Time seen:     |   |
| Hospital number:    |         | DOB: | Time left:     |   |
| Address:            | Patient | GP   | Ethnic origin: | White: <input type="checkbox"/><br>Black: <input type="checkbox"/><br>Asian: <input type="checkbox"/><br>Mixed: <input type="checkbox"/><br>Other: <input type="checkbox"/> |
| Phone:              |         |      |                |   |

**Pretest probability (PTP)**

Active cancer (ongoing treatment, within 6 months or palliative) 1

Paralysis, paresis or recent plaster cast immobilisation of lower limbs 1

Recently bedridden for ≥3 days or major surgery within 12 weeks 1

Localised tenderness along deep venous system 1

Entire leg swollen 1

Calf swelling >3cm compared to asymptomatic leg 1

Pitting oedema confined to symptomatic leg 1

Collateral superficial veins 1

Previous DVT 1

Alternative diagnosis as likely as DVT -2

**Total score determines risk of DVT**  
0 or 1,  DVT 'unlikely'; ≥2  DVT 'likely'

**Suitable for OP treatment**

**No**, due to reasons below

Symptoms or signs of PE

Systolic bp >180 or diastolic >115

Known liver failure

Bedbound

eGFR <20ml/min

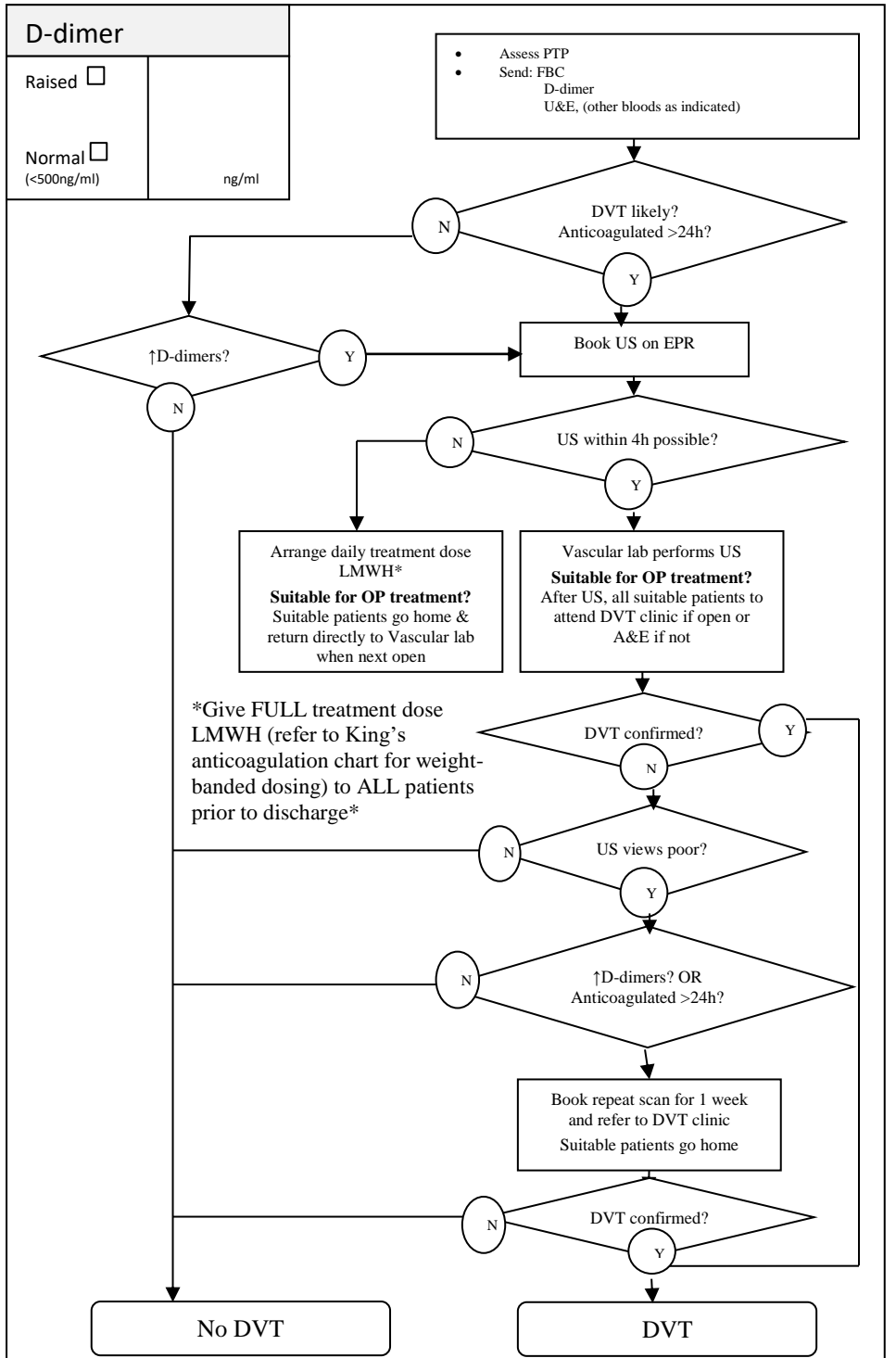
Platelets <75x10<sup>9</sup>/l

**Any tick above, refer to medical registrar on call**

Not resident locally (refer to GP)

Age <16 years (refer to paediatrics)

**Yes**, as none of above



Patient name:.....

DOB:.....

Hospital number:.....

**Provoking factors**

- Malignancy  Immobilisation >3 days
- Surgery in prior 12 weeks  HRT
- Hospitalisation in prior 12 weeks  COCP
- Travel >4h in prior 4 weeks  Pregnancy/recent childbirth
- Line related  IVDU

**Other risk factors**

- Obesity  Previous VTE
- Smoker  Details:
- Family history of VTE

**Observations**

|                    |                               |
|--------------------|-------------------------------|
| Calf circumference | T                             |
| Right:             | HR                            |
|                    | BP                            |
| Left:              | RR                            |
|                    | SaO2                          |
| Height:            | BMI:                          |
| Weight:            | =weight/(height) <sup>2</sup> |

**Blood results**

|     |      |
|-----|------|
| Hb  | Cr   |
| Wcc | CrCl |
| Plt | LFTs |

**Alternative diagnosis**

.....

**Clinical notes**

History

Examination

Medications

**US findings**

|   |                         |
|---|-------------------------|
| Date first scan   | Date repeat scan if any |
| Poor views <input type="checkbox"/>   |                         |
| No DVT <input type="checkbox"/>   |                         |
| Pls document any relevant findings  |                         |
| Confirmed DVT (NB all iliofemoral DVT should be considered for catheter-directed thrombolysis, pls discuss with Cons Haematologist) |                         |
| Please state level & extent   |                         |

**Outcome from first attendance**

- To return for further DVT investigations/treatment
- Admitted under.....
- Discharged. To be followed up at.....

Seen by:.....

**DVT clinic: Confirmed unprovoked/travel-associated events in >40 years**

- CXR  Result:
- Urinalysis  Result:
- PSA in men  Result: