# Deep Vein Thrombosis Assessment and Referral Form

**Incorporating NICE Clinical Guideline 144 (2012)**

**Clinical suspicion of DVT**

Complete Two-Level DVT Wells Score

**Blood Results**

<table>
<thead>
<tr>
<th>D-Dimer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
</tr>
<tr>
<td>Negative</td>
</tr>
</tbody>
</table>

**Patient’s Weight**

<table>
<thead>
<tr>
<th>Kg</th>
</tr>
</thead>
</table>

**Tinzaparin 20,000 IU/ml (Px on ED Card)**

<table>
<thead>
<tr>
<th>Dose</th>
<th>mls</th>
</tr>
</thead>
</table>

**Weekend Tinzaparin**

Weekend does prescribed on ED Card for patient to return.

**Tick/Cross**

| OR: Take-home prescription provided for self-administration. | OR: Take-home prescription provided and DN contacted. |

---

### TWO-LEVEL DVT WELLS SCORE

**Clinical feature** | **Points** | **Score**
---|---|---
Active cancer (treatment ongoing, within 6/12 or palliative) | 1 | 1
Paralysis, paresis or recent plaster immobilisation of the lower extremities | 1 | 1
Recently bedridden for 3 days or more or major surgery within 12 weeks requiring general or regional anaesthesia | 1 | 1
Localised tenderness along the distribution of the deep venous system | 1 | 1
Entire leg swollen | 1 | 1
Calf swelling at least 3 cm larger than asymptomatic side | 1 | 1
Pitting oedema confined to the symptomatic leg | 1 | 1
Collateral superficial veins (non-varicose) | 1 | 1
Previously documented DVT | 1 | 1
An alternative diagnosis is at least as likely as DVT (See Alternate Diagnoses Table below) | -2 | -2

**DVT Clinical probability simplified score**

- **DVT likely**: 2 points or more
- **DVT unlikely**: 1 point or less

**Alternative Diagnoses**

- **Superficial thrombo-phlebitis >Still need to rule out DVT**
  - Painful, tender, subcutaneous cord-like vein
- **Bruising**
  - Hx of injury, colour change, localised tenderness
- **Haematoma**
  - Local trauma, swelling, tenderness, fluctuation, hx of anticoagulation
- **Muscle tear**
  - Hx injury, specific muscle tenderness
- **Ruptured Baker’s Cyst**
  - Previous swelling, arthritis, diffuse tenderness
- **Cellulitis**
  - Redness, fever, lymphangitis
- **Compartment syndrome**
  - Hx injury, severe pain, colour changes, diminished pulses

---

*In the ‘DVT Likely’ patient the D-Dimer is required only for decision-making in the DVT Clinic and for their audit purposes.*

**Refer to ELHT Tinzaparin Prescribing Advice Poster for Contraindications and Dosing. (In clean utility rooms.)**