Calculate Well’s Score

Clinical Suspicion of DVT

Calculate Well’s Score

Low Risk ≤0
OR
Moderate Risk 1-2

High Risk ≥3

D-Dimer

D-Dimer Positive?

Yes

Perform LE Duplex U/S

U/S Positive?

Yes

DVT Confirmed

No

High Risk Patient?

Yes

Obtain Baseline Blood Studies:
CBC
Cr
INR/aPtt

Begin Treatment

No

Repeat LE Duplex U/S in 3-7 days

D-Dimer

D-Dimer Positive?

Yes

D-Dimer

No

DVT excluded

D-Dimer Positive?

Yes

D-Dimer

No

D-Dimer

Well’s Criteria

1. Active cancer (treatment within last 6 months or palliative)
2. Paralysis, paresis, or recent plaster immobilization of lower limb
3. Recently bedridden ≥ 3 days or major surgery within previous 12 weeks
4. Localized tenderness along the distribution of deep venous system
5. Entire leg swollen
6. Calf swelling ≥ 3 cm larger than the asymptomatic leg (measured 10 cm below the tibial tuberosity)
7. Collateral superficial veins (non-varicose)
8. Previously documented DVT
-2 Alternative diagnosis at least as likely as DVT
EmergencyKT: Deep Vein Thrombosis Treatment

DVT Confirmed Begin Treatment

Obtain Serum CR

Admit patient and place on heparin drip

CR < 1.8?

No

Enoxaparin 1mg/Kg subcutaneously Q12 hours

Yes

Is the patient otherwise healthy with absolutely certain immediate follow up having been discussed with the PMD?

No

Administer warfarin 5 mg po

Yes

Administer warfarin 5 mg po and Admit

MD schedules appropriate anticoagulation follow-up (must have confirmed appointment within 5-7 days of discharge)

Contact Pharmacist

Off Hour Considerations
Pharmacists are only available to aid in LMWH discharges from 0800 to 2400. During pharmacists off hours (overnight from 2400 to 0800), the provider may hold the patient in the ED until a pharmacist is in-house or discharge the patient after ensuring that anticoagulation follow-up, patient education, and drug procurement are complete. If the provider chooses to do the latter and the patient does not have insurance, the provider can give the patient discharge prescriptions to fill at Hoxworth Outpatient Pharmacy during open hours when medication assistance can aid in financial acquisition of the medication. If the patient does have insurance, the provider should call the prescription into the patient’s preferred pharmacy to ensure LMWH coverage and that the patient is able to afford the medication. In deciding which route to take (ie., hold patient or discharge patient), the provider should consider whether the patient will be able to obtain the LMWH upon discharge and adhere to the prescribed anticoagulants.

Day Shift
0800-1500
Call 42059 or 41680
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Pt. has Prescription Insurance?

No

Provide patient with prescriptions to pick up at Hoxworth Outpatient Pharmacy

Yes

Pt. has Prescription Insurance?

No

Provide ED Pharmacy Satellite with 3 days supply LMWH prescription for discharge home. Provide patient with prescription for remaining supply to pick up at Hoxworth Outpatient Pharmacy.

Yes

Pharmacist calls in LMWH prescription into patient's pharmacy

Confirm patient education and drug procurement with pharmacist

Discharge patient