**Part 1: Clinical suspicion of lower extremity DVT**

Calculate pre-test probability with **Well's Score**:

- **Wells Score ≥ 2**
  - **Is Radiology ultrasound available?**
    - **Yes**
      - **Order US or perform bedside US if attending is DVT suspected (go to *** box)**
      - **Positive**
        - **Is attending bedside for DVT US?**
          - **Yes**
            - *** Perform POCUS per US department guidelines**
          - **No**
            - **Order outpatient US so patient can return during business hours.**
            - **See part 2 - Treatment**
      - **Negative**
        - **See lower portion of pathway for: Treatment**
    - **No**
      - **DVT Excluded**

- **Wells Score ≤ 1**
  - **D-dimer Negative**
    - **DVT Excluded**
  - **D-dimer Positive**
    - **Repeat US in 5-7 days. Return US can be WLUS or repeat ED POCUS**

**Part 2: Treatment - Start Here**

- **Confirmed or presumed VTE**
  - **DVT**
    - **Does patient have any of the following:**
      - Hemodynamic instability
      - Contraindications for anticoagulation
      - Comorbidities or conditions needing admission
      - Coagulopathy
      - Proximal site
      - Clinical judgment
    - **Yes**
      - **Admission: Start on UFH or LMWH**
        - **Consult Pharmacy & Medical Assistance consult**
    - **No**
      - **Uninsured?**
        - **Arrange outpatient follow-up**
        - **Uninsured?**
          - **If during daytime hours, prescription will be sent to Howarth.**
          - **After hours, contact ED pharmacy regarding 3 day supply of enoxaparin and patient will follow up with Howarth.**

**Considerations when prescribing DOACs:**
- Insurance status/financial situation
- Compliance or patient preference
- Renal function
- Outpatient followup