Assessment, Diagnosis and Treatment of Deep Vein Thrombosis - Summary Clinical Guideline

Reference No: CG-ED/2023/2229

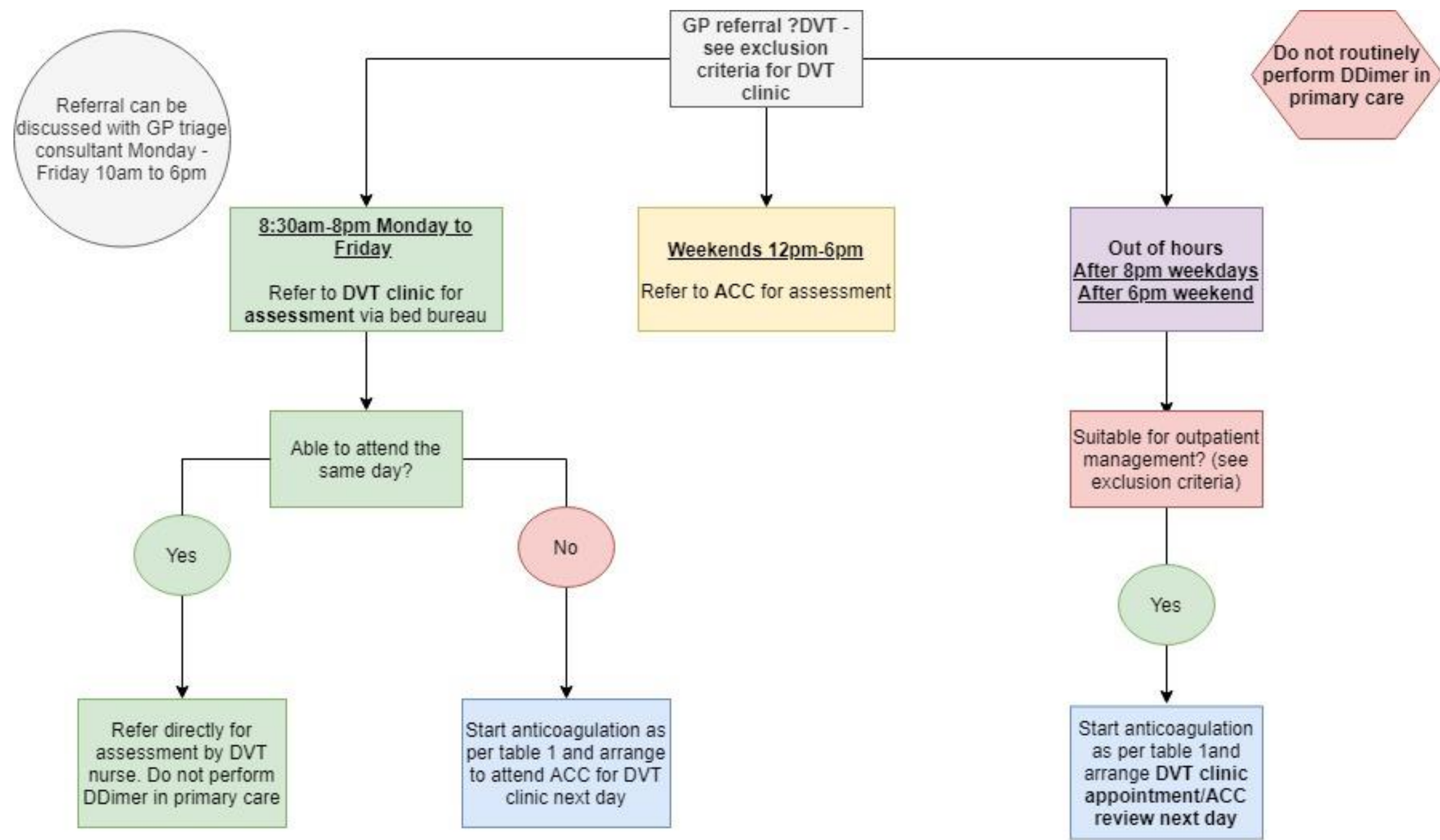
1. Deep Vein Thrombosis Assessment, Diagnosis and Management Algorithms

i. Primary Care Referral Algorithm (*Page 2*)

ii. Emergency Department Algorithm (*Page 3*)

iii. DVT clinic assessment, investigation and management algorithm (*Page 4 and 5*)

i. Primary Care Referral Algorithm



Exclusion Criteria

- **Immobility** - refer to MAU
- **Suspected pulmonary embolism** - follow PE guideline, refer ACC or MAU
- **Significant bleed in last 4 weeks** - MAU
- **Increased risk of bleeding complications** (liver cirrhosis, CKD with eGFR <20, recent (<1/12) haemorrhagic stroke) - refer to MAU
- **Pregnancy >20/40 or <6 weeks post partum** - refer to obstetrics
- **Suspected upper limb DVT** - refer to MAU

Table 1: Anticoagulation Options

First Line: Use DOAC unless contraindicated

- Rivaroxaban 15mg BD
- Apixaban 10mg BD

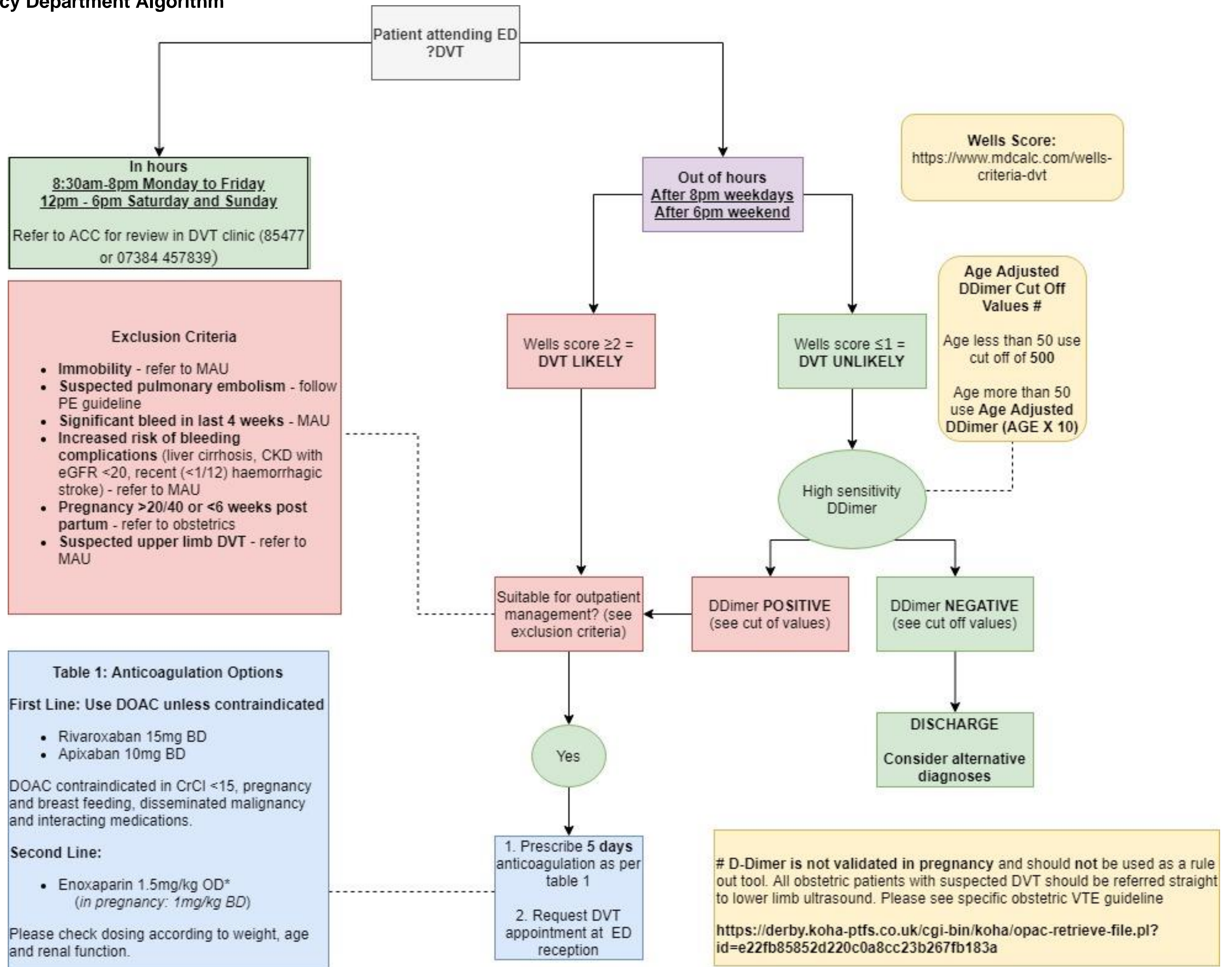
DOAC contraindicated in CrCl <15, pregnancy and breast feeding, disseminated malignancy and interacting medications.

Second Line:

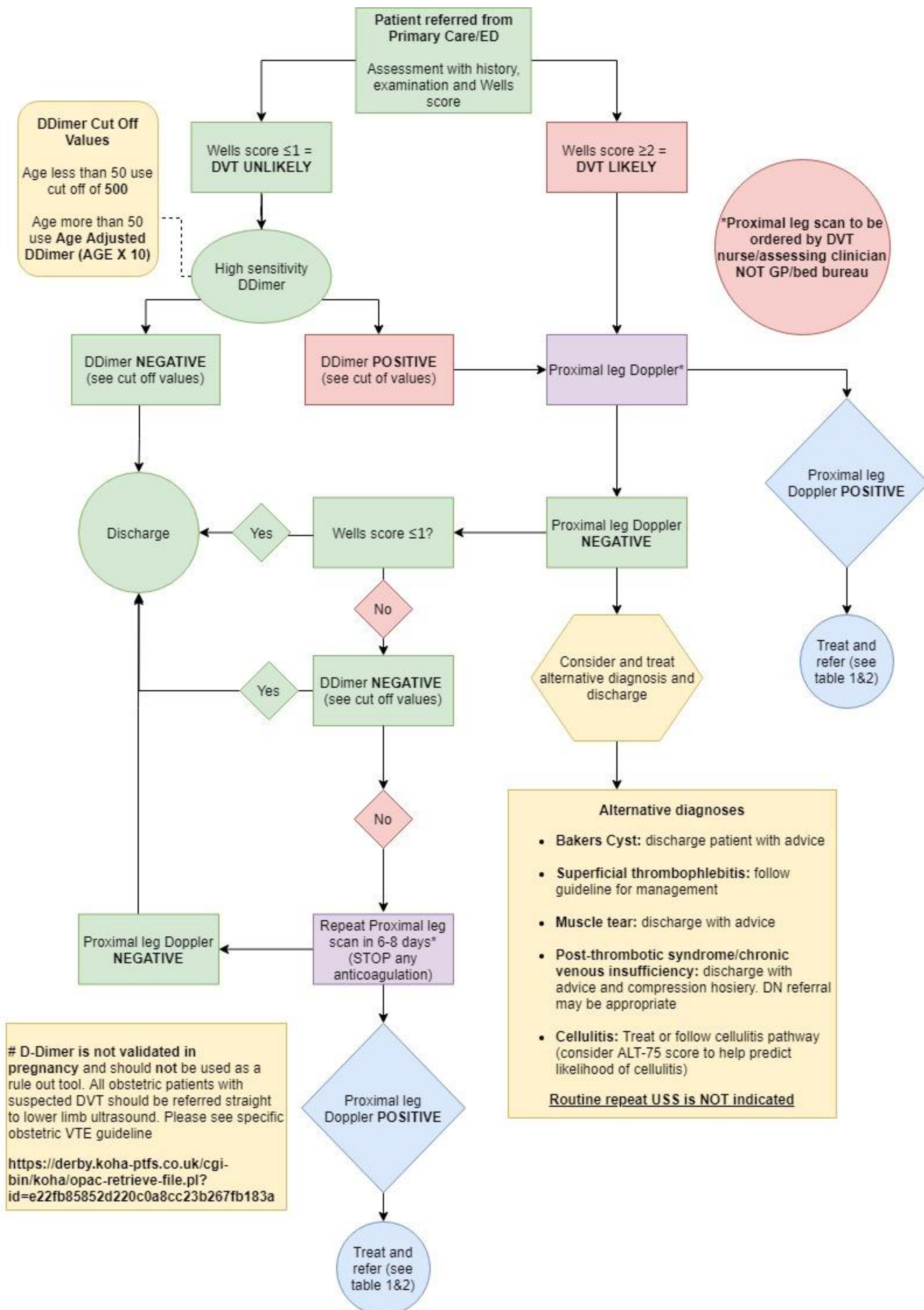
- Enoxaparin 1.5mg/kg OD*
  (*in pregnancy: 1mg/kg BD*)

Please check dosing according to weight, age and renal function.

ii. Emergency Department Algorithm



iii. DVT clinic assessment, investigation and management algorithm



iii. DVT clinic assessment, investigation and management algorithm continued

Table 1: Treatment

Rivaroxaban or Apixaban are first line pharmacological treatment.

Doses:

- Rivaroxaban 15mg BD for 21 days then 20mg OD
- Apixaban 10mg BD for 7 days then 5mg BD
- Dose adjustment may be required according to renal function, age and weight - please check with pharmacy or BNF if in doubt
- Contraindications to DOAC: CrCl <15, pregnancy and breast feeding, disseminated malignancy, antiphospholipid syndrome or interacting medications
- In pregnancy use LMWH 1mg/kg BD

Duration:

- 3 to 6 months followed by assessment in thrombosis clinic as to risks and benefits of continuing anticoagulation
- Inform all patients of bleeding risks and duration of treatment

Further investigations:

- Consider further investigations for occult malignancy as directed by clinical history, examination and bloods
- NB CT scan in the absence of clinical or biochemical evidence of malignancy is not routinely recommended

Follow up:

- Refer patients with **unprovoked DVT** to thrombosis clinic via ExtraMed referral
- ALL obstetric patients with positive DVT should be:
    1. Discussed with gynaecology SpR on call to ensure follow up is arranged
    2. Consultant to consultant referral to antenatal clinic

****Ileofemoral DVT**:**

- If there is evidence of occlusive ileofemoral DVT consider referral to vascular surgery at Nottingham for consideration of catheter directed thrombolysis if the following criteria met:
- Onset of less than 14 days duration
- Good functional status
- Life expectancy >1 year
- Low bleeding risk

Table 2: Malignancy Screening

All patients with a positive **unprovoked** DVT should have the following:

- Physical examination (guided by history)
- Chest x-ray
- Urine dip
- Blood tests
- If not performed in the past year:
    - PSA in men over 40 years of age
    - Breast examination in women over 50 years of age

Note: Routine CT is not indicated unless suggested by history, examination or other findings