

COMMUNITY DVT SCAN REFERRAL FORM

BEMS+, St Martin's Hospital, Midford House, Midford Road, Bath, BA2 5RP (Admin Only)

Tel: 01225 560806 Email: bems.dvtclinic@nhs.net

Ultrasound appointment at: Combe Down Branch Surgery, Sulis Manor Rd, Odd Down, Bath, BA2 2AE

PLEASE REMEMBER TO TELEPHONE THE OFFICE WHEN PATIENT IS WITH YOU, IF POSSIBLE, TO MAKE APPOINTMENT



Referral Date:	DOB:	NHS No:
Name:	Address:	
Patient Contact Details: Home:	Mobile:	
GP Name & Surgery:		

1. CLINICAL FEATURES		
Affected leg & area:		Past medical/family history / OC / recent surgery (inc. date & hospital):
Exclusion List Checked (reverse of form):		
Infection control risk eg: MRSA Pos?:		
Does patient have any special needs we need to know about? Is patient disabled? Any safeguarding issues?		

WELLS SCORE			2. PRE-TEST PROBABILITY	
			<u>Score 1 or Less</u> Do D-Dimer test & refer for scan if positive result	<u>Score 2 or Above</u> Refer for scan & investigate
Active Cancer (treatment ongoing, within 6 months or palliative)	1		D-Dimer Result	
Paralysis, paresis, recent plastercast immobilisation	1		DD Batch No & Exp Date:	
Recently bedridden for 3+ days / major surgery within last 12 wks (pls advise which hospital)	1		NB: D-Dimer Limitations: Do not use on patients: <ul style="list-style-type: none">Aged 80 or overIn 3rd trimester of pregnancySuffering from leukaemiaRecent surgical act or major trauma (3 months)Experiencing an infection or inflammatory process (septicaemia, cirrhosis etc) If your patient falls into the above criteria, please refer directly for scan	
Localised tenderness along distribution of deep venous system	1		Patients should be started on Rivaroxaban whilst waiting for scan (15mg twice daily – 5 day supply)	
Calf swollen more than 3cm than on other side (measured 10cm below tibial tuberosity)	1		For full prescribing guidance to Rivaroxaban at: http://www.bcaphormulary.nhs.uk/includes/documents/DOACs-for-DVT-PE-August-2016-v-11.pdf	
Entire leg swollen	1		Patient consented to being Rivaroxaban?	Yes – discussed / No
Pitting oedema confined to symptomatic leg	1			
Collateral dilated superficial veins (non-varicose)	1			
Previous documented DVT	1			
Alternative diagnosis as likely as DVT (eg cellulitis, CCF, MSK)	-2			
TOTAL				

3. OTHER RELEVANT INFO: (mobility issues / social issues, long haul journey dates etc)	

Structured Clinical Risk Assessment

Exclusions – refer to secondary care

- Patients with **ACTIVE** cancer
 - Pregnant women
- PLEASE NOTE:** Patients in this group must not be given Rivaroxaban – please see BCAP Formulary for guidance (link on front page of referral form) Telephone Ambulatory Care and refer patient for **SAME DAY** scan

- Post-partum – 6 weeks
- Under 18
- Serious co-morbidity or significant symptoms
- Active peptic ulceration/angiodysplasia
- Clotting disorder (INR > 1.5) or thrombocytopenia (pits <1--)
- Factor V Leiden thrombophilia
 - Protein C Deficiency (PCD)
 - Protein S Deficiency (PSD)
 - Anti-thrombin deficiency
 - Prothrombin 20210A (prothrombin gene mutation)
 - Anti-Phospholipid Syndrome
 - Recent eye/neurosurgery or haemorrhagic stroke (within one month)
- Uncontrolled hypertension (more than 200/110)
- Severe acute venous obstruction (phlegmasia cerulea dolens)
- Known heparin allergy or heparin associated thrombocytopenia
- Suspected PE
- IVDU
- Bleeding risk
- Likely problems with social set up, communication or adherence to treatment
- Patients with equivocal scans e.g. compromised venous outflow due to pelvic tumours
- Significant renal impairment (generally creatinine > 200µmol/L)
- Raised creatinine but <200µmol/L - Guidance for rivaroxaban in the BCAP doc.

Risk factors to consider in the history

Previous VTE
Family history of VTE
Chronic heart failure
Venous insufficiency
BMI > 30

Recent immobility, trauma or surgery
Long distance travel
HRT/OCP/Tamoxifen
Recent weight loss/change in bowel habit
Known thrombophilia

