



DVT Diagnosis Assessment Module

- Paperless - protocol-driven patient care and follow-up system.
- Enables the capture of all patient data.
- Lead users through established protocols, in the form of visual flowcharts.



Four Areas of Functionality:

- Disease Areas
- Therapy Template
- Questionnaires
- Interventions

LRI Emergency Department
Suspected leg DVT
Do not use if

- <16 years of age
- Known pregnancy or < 8d post-partum - see policy on SharePoint 'VTE in pregnancy'
- Features suggestive of PE
- T > 37.9°C (likely cellulitis)
- Features explicable by
 - Obvious acute injury
 - Insect bite / skin wound
 - Asymptomatic in last 72h

Disclaimer:
This is a clinical template; clinicians should always use judgment when managing individual patients

Version 4.6 - May 12

Patient details

Full name

DOB

Unit number

(use sticker if available)

1 Blood results

WBC		CRP	
Hb		Na	
Platelets		K	
Albumin		Urea	
Bili		Crea	
AP		eGFR	
ALT		D-Dimer	
Glucose		INR	

2 Anticoagulation

- Contact haematology 'register' if history of HIT, hypersensitivity to heparin or INR > 3
- If on haemodialysis, use unfractionated heparin (UFH) IV 5000 units bolus then run infusion at 18 units/kg/h; target APTT ratio is 2.2-4.5
- If aPTT < 20, work out CrCl (creatinine clearance) using LHL online calculator
- > CrCl < 20: UFH IV
- > CrCl > 19: Use SC Dalteparin as per 'red' table below
- Otherwise find & tick correct SC Dalteparin dose in tables below

kg	units
<45	2500 BD
45-49	5000 AM
45-49	2500 PM
50-54	5000 BD
55-59	7500 AM
55-59	7500 PM
60-64	10000 AM
60-64	10000 PM
65-69	12500 AM
65-69	12500 PM

kg	units
<40	2500 BD
40-45	5000 AM
40-45	2500 PM
45-50	5000 BD
50-55	7500 AM
50-55	7500 PM
55-60	10000 AM
55-60	10000 PM
60-65	12500 AM
60-65	12500 PM

kg	units
<40	5000 BD
40-45	7500 AM
40-45	7500 PM
45-50	10000 BD
50-55	12500 AM
50-55	12500 PM
55-60	15000 AM
55-60	15000 PM
60-65	17500 AM
60-65	17500 PM

Record vitals & weight below and do bloods listed in box 1

As you go through flowchart, tick the YES or NO boxes to document your progression

Is DVT likely? (complete box 2) OR already anticoagulated

D-Dimer result not relevant at this stage

D-Dimer > 0.5?

Compression US scan within 24 (ideally 4) h

Is patient attending in working hours?

Try to arrange scan (DVT clinic on 5972; DR radiologist on 6068)

Scan possible within 4h?

Admit to EDU while scan awaited

Scan shows DVT?

Full leg scanned?

DVT likely AND EITHER D-Dimer > 0.5 OR already anticoagulated

Admission needed (complete box 3)?

Will DVT clinic be open tomorrow?

Prescribe Dalteparin SC TID for 5 days; train patient to self-administer STAT dose

Give Dalteparin SC STAT

Weight

kg

Vital signs

Temp

°C

SpO₂

% in air

Resp rate

per min

Heart rate

per min

BP

mm Hg

3 Is DVT likely?

Tick any applicable 'Wells' criteria below and record total score at the bottom

Undergoing active or palliative cancer treatment in last 6/12

Leg paralysis, paresis or plaster immobilization within last 12/52

Bedridden > 3 days, or surgery under general or regional anaesthesia, in last 12/52

Localised tenderness along deep venous system distribution

Entire leg swollen

Record calf circumference 20cm distal to tibial tuberosity before determining the next feature

L cm R cm

Affected calf larger than the other side by 3cm or more (see above)

Pitting oedema (NB: tick only if found in asymptomatic leg only)

Collateral (non-varicose) superficial veins

Previously documented DVT

Alternative at least as likely as DVT

Yes - as 'Wells score' > 1

No - as 'Wells score' < 2

4 Is admission needed?

YES - as at least one of the below

Life or limb-threatening DVT features

NB: Discuss with on-call surgical registrar

Phlegmasia cerulea dolens (blue leg due to extensive venous occlusion)

Phlegmasia alba dolens (white leg due to arterial spasm 2° to DVT)

Thrombus extending despite adequate anticoagulation (NB: only applicable if known DVT and patient had DUS today)

Increased bleeding risk

On treatment for acute bacterial endocarditis

Any active bleeding

Stroke within last 2/12

Active gastric or duodenal ulceration

Angiodysplasia

Known clotting disorder

Platelet count < 50,000

INR > 2 due to e.g. liver disease

INR > 3 and already on oral anticoagulant

Diabetic retinopathy

Intracranial haematomas in last 4/52

Cerebral aneurysm

Neuro- or ophthalmic surgery in last 4/52

Systolic BP > 160 or diastolic BP > 110

Hepatin contraindications

Hypersensitivity to any heparin product

History of heparin-induced thrombocytopenia

General factors

Patient unstable / other reason for admission

eGFR < 20 or on haemodialysis

MUST required to transfer

Unable to mobilise safely

Unable to arrange return to DVT clinic

Lacks capacity to follow instructions

Direct nurse needed to give LMWH

Patient (AND carer, if any) unable to understand management instructions

NO - as none of the above

This assessment was carried out by

Print name Signature Position Date Time completed



DAWN CLINICAL FRAMEWORK

Disease Areas

4S Dawn Clinical Software & Internet Applications. - Windows Internet Explorer

Close all tabs System menu Patient search

DAWN CLINICAL FRAMEWORK 7.9

Welcome

You are currently logged on as 'Stewart Alistair' with user profile 'System Manager'.

DAWN CLINICAL FRAMEWORK 7.9 Thu 04/10/2012 Version 7.9.25 (1289)

Anticoagulation DVT Assessment

Patient view
Add, edit or dose a patient

List view / Daily routines
Attendance and non-attendance

Diary
Consult the diary

Message center
Manage messages and pass messages by phone

Reports
Custom reports

Settings
Modify your personal settings

DAWN Conditions Of Use

By logging on to this system you have been deemed to have accepted the following warnings and conditions of use:

- Inadequate checking of Dose and Next Test Date instructions could lead to severe injury and death.
- Check that all therapy instructions are appropriate before instructing a patient.
- Check that you have a procedure in place to ensure rigorous follow up of non attendees and ensure that all patients have a next test date.
- Interruptions to the operations of the software, e.g. Power failure, switching off, can lead to data corruption. This could lead to severe injury or death. Following any such interruption to operation, increase checking vigilance.
- Read the Safety Section in the User Manual.
- Ensure backup of your database using a multiple copy schedule.
- Inform 4S DAWN Clinical Software immediately if you notice any anomalies within the data or experience anything within the system that appears not to be correct or not working correctly.
- Keep yourself informed of any safety notices issued by 4S DAWN Clinical Software by checking the webpage www.4s-dawn.com/DAWNSafetyNotices.htm at least weekly.
- Ensure that you have been adequately trained in the use of the software.
- By using this software the user is bound by the terms of the Software Licence and Maintenance agreement and Customer Obligations document.

Current location for printing -No locations available-

Database name	Database size	Last Database backup	Log size (MB)
DAWNAC	148 MB	Oct 2 2012	1405.8125

Patient Licenses	Active Patients	Unused Licenses
5000	438	4562

Close the current form

Local intranet 125%

Welcome


You are currently logged on as 'Stewart Alistair' with user profile 'System Manager'.


DAWN CLINICAL FRAMEWORK 7.9


Thu 04/10/2012
Version 7.9.25 (1289)


Anticoagulation


DVT Assessment



Patient view
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Close the current form

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Patient



Selection: Active patients | Patients with active Treatment Plans for selected app.area | Show all

Search for: Last name: First name: Medical Record Number: National Number:

City: County: Post Code: Sex:

Dateofbirth: DoD: Language: Status:

Home phone: Mobile phone: Work phone: Email address:

Next of kin name: Next of kin Mob. phone:

SEARCH

	Last name	First name	Age	Medical Record Number	National Number	Dateofbirth	Address 1	Address 2	City	County	Post Code	S
	Adams	John	89	H23023	6009309227	17/06/1923	11 SPRACKLANDS	CWMFFRWD	LEEDS			M
	Adams	Julie	41	Q70276	3592130367	18/10/1970	39 MAES YR HAF	LEEDS		LLANELLI		F
	Adams	Mary	50	M47904	4560508360	18/01/1962	6 MARTIN AVE	TYNEMOUTH	BROADSTAIRS			F
	Alderson	Eddie	65	D78137	8288576809	02/03/1947	12 ROCKCLIFFE GDNS	ASHFORD	WEST YORKS	Avon		M
	Anderson	Luke	102	T18164	1582273540	20/03/1910	6 HAULFRYN	WHINMOOR				M
	Anderson	Richard	75	P67190	3158256668	09/05/1937	5 MARKET PLACE	ROTHWELL	LANDFORD			M
	Anderson	Tom	95	S62778	8709784337	16/10/1916	FLAT 2	Tall House	Arnside	Cumbria		M
	Arthur	Jane	53	A39371	3365316174	16/02/1959	65 HAREHILLS LANE	CHURCH ST	LLANELLI			F
	Banks	Caroline	102	G34992	1376177641	01/08/1910	24 KENTMERE CLOSE	SHEPPERTON	PUDSEY			F
	Banks	Gemma	94	Z17416	1067329399	09/10/1917	5 DOLPHIN ROAD	LOCKERLEY	CARMARTHEN			F
	Banks	James	85	X64922	5933344594	24/05/1927	14 ST HELENS GARDENS	NEW YORK	HAROLD ROAD CLIFTONV			M
	Banks	Julia	40	5672768		07/09/1972	12 Elm Court	Dutton	Bakersfield	Lancashire	LA5 7TH	F
	Banks	Mark	80	I20670	5019952135	28/12/1931	54 LADY LEYS	BAYHAM STREET	KENT			M
	Banks	Mike	102	Y81462	9348506296	13/07/1910	BRYNEIRW		SALISBURY	CARMARTHEN		M
	Banks	Nicole	85	U20501	3756446152	03/09/1927	3 CASTLE TERRACE	SCHOLES	RINGWOOD	MEIDRIM		F
	Banks	Richard	65	75565		31/10/1946	1 The Grove		Kendal	Cumbria		M

1 - 20 / 701

▼ Down New Save Details Print

Local intranet

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New Patient Wizard - New record

Step 1 - Patient Details

Step 2 - Treatment Plan Details

Step 3 - Next Of Kin Details

Step 4 - Clinical Details

Step 5 - Contact Details

Last name * Test

First name * Patient

Sex (None selected) v

Title

Date of birth

Age

Medical Record Number 123-123-1234

National Number

Address 1

Address 2

City

County

Post Code

Notes

Ethnic origin (None selected) v

Primary language (None selected) v

Home phone

Mobile phone

Work phone

Fax number

Email address

Messaging method Mail v

Risk class High v

Other contact numbers

Other e-mail

You will need to save this new record before you can add related records

< Previous step

Finish

Cancel

Next step >

OK

Cancel

Save

New Patient Wizard

Step 1 - Patient Details

Step 2 - Treatment Plan Details

Step 3 - Next Of Kin Details

Step 4 - Clinical Details

Step 5 - Contact Details

Disease area	DVT Assessment	Referral
Primary diagnosis	- Suspected DVT	Date of referral
Therapy template	DVT Assessment - DVT Assessm	Referring GP
Reference range	(None selected)	Consultant
Select active phase	Assessment	Notes
Start date	04/10/2012	
Duration	Weeks Days	
Preferred clinic	(None selected)	Transport
Preferred time	From To	Transport needs
Next visit date		Notes
Next visit type	(None selected)	
Laboratory	(None selected)	

☒ Set the status of the TreatmentPlan to Active (Requires a TherapyTemplate, Active Phase and StartDate)

☐ Decide later

< Previous step

Finish

Cancel

Next step >

Save

Done

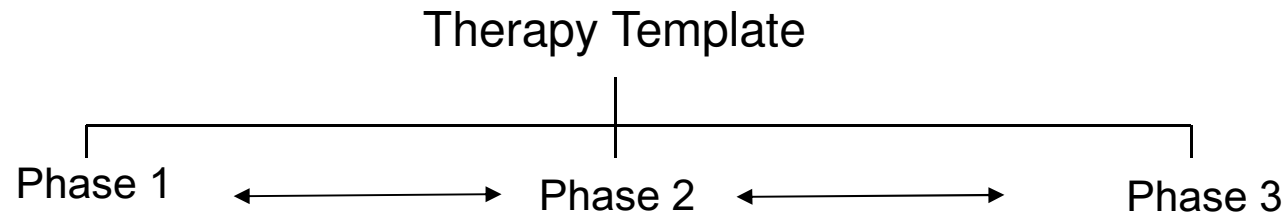
Local intranet

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Therapy Template

Schedule each patient's care using preset templates to standardise care:



- Phase 1 - Assessment,
- Phase 2 - Path A (DVT Likely)
- Phase 3- Path B (DVT Unlikely)

LRI Emergency Department

Suspected leg DVT

Do not use if

- <16 years of age
- Known pregnancy or < 8d post-partum - see policy on SharePoint 'VTE in pregnancy'
- Features suggestive of PE
- T > 37.9°C (likely cellulitis)
- Features explicable by
- Obvious acute injury
- Insect bite / skin wound
- Asymptomatic in last 72h

Disclaimer:
This is a clinical template; clinicians should always use judgment when managing individual patients

Version 4.6 May 12

Patient details

Full name

DOB

Unit number

(use sticker if available)

① Blood results

WBC		CRP	
Hb		Na	
Platelets		K	
Albumin		Urea	
Bili		Crea	
AP		eGFR	
ALT		D-Dimer	
Glucose		INR	

Anticoagulation

- Contact hematology registrar
- History of HVT, hypersensitivity to heparin or INR > 3
- If on heparin, use unfractionated heparin (UFH) IV 5000 units bolus then run infusion at 18 units/kg/hr target APTT ratio 1.2-1.5
- If on DOAC, work out DOAC clearance using LRI online calculator
- > CrCl < 30 L/min DOAC use SC Dalteparin as per below
- > CrCl > 30 L/min DOAC use SC Dalteparin as per below
- Otherwise, find & tick correct SC Dalteparin dose in box below

eGFR	DO
< 30	2500 BD
30-44	5000 BD
45-49	5000 AM
50-54	5000 PM
55-59	5000 BD
60-64	5000 AM
65-69	5000 PM
70-74	5000 BD
75-79	5000 AM
80-84	5000 PM
85-89	5000 BD
90-94	5000 AM
95-99	5000 PM
100-124	10000 BD
> 125	10000 DO

Record vitals & weight below and do bloods listed in box 1

As you go through flowchart, tick the YES or NO boxes to document your progression

DVT likely (complete box 2) OR already anticoagulated?

D-Dimer result not relevant at this stage

D-Dimer > 0.5?

Compression US scan within 24 (ideally 4) h

Is patient attending in working hours?

Try to arrange scan (DVT clinic on 5972; DR radiologist on 6068)

Scan possible within 4h?

Admit to EDU while scan awaited

Scan shows DVT?

Full leg scanned?

DVT likely AND EITHER D-Dimer > 0.5 OR already anticoagulated?

NI: Repeat scan needed after 6-8 days

Admission needed (complete box 3)?

Will DVT clinic be open tomorrow?

Prescribe Dalteparin SC TID for 5 days; train patient to self-administer STAT dose

Give Dalteparin SC STAT

Weight

kg

Vital signs

Temp

°C

SpO₂

% in air

Resp rate

per min

Heart rate

per min

BP

mm Hg

② Is DVT likely?

Tick any applicable 'Wells' criteria below and record total score at the bottom

Undergoing active or palliative cancer treatment in last 6/12 **1**

Leg paralysis, paresis or plaster immobilization within last 12/52 **1**

Bedridden > 3 days, or surgery under general or regional anaesthesia, in last 12/52 **1**

Localised tenderness along deep venous system distribution **1**

Entire leg swollen **1**

Record calf circumference 20cm distal to tibial tuberosity before determining the next feature

L cm R cm

Affected calf larger than the other side by 3cm or more (see above) **1**

Pitting oedema (NB: tick only if found in asymptomatic leg only) **1**

Collateral (non-varicose) superficial veins **1**

Previously documented DVT **1**

Alternative at least as likely as DVT **-2**

Yes - as 'Wells score' > 1 **1**

No - as 'Wells score' < 2 **1**

③ Is admission needed?

YES - as at least one of the below

Life or limb-threatening DVT features

NI: DVT with no oral surgical registrar

Phlegmasia cerulea dolens (blue leg due to extensive venous occlusion)

Phlegmasia alba dolens (white leg due to arterial spasm 2° to DVT)

Thrombus extending despite adequate anticoagulation (NB: only applicable if known DVT and patient had DUS today)

Increased bleeding risk

On treatment for acute bacterial endocarditis

Any active bleeding

Stroke within last 2/12

Active gastric or duodenal ulceration

Angiodysplasia

Known clotting disorder

Platelet count < 50,000

INR > 2 due to e.g. liver disease

INR > 3 and already on oral anticoagulant

Diabetic retinopathy

Intracranial haematomas in last 4/52

Cerebral aneurysm

Neuro- or ophthalmic surgery in last 4/52

Systolic BP > 160 or diastolic BP > 110

Hepatic contraindications

Hypersensitivity to any heparin product

History of heparin-induced thrombocytopenia

General factors

Patient unstable / other reason for admission

eGFR < 30 or on haemodialysis (EDU)

Must require transfer (EDU)

Unable to mobilise safely (EDU)

Unable to arrange return to DVT clinic (EDU)

Lacks capacity to follow instructions (EDU)

Direct nurse needed to give LMWH (EDU)

Patient (AND carer, if any) unable to understand management instructions

NO - as none of the above

This assessment was carried out by

Print name Signature Position Date Time completed

New Patient Wizard

Step 1 - Patient Details

Step 2 - Treatment Plan Details

Step 3 - Next Of Kin Details

Step 4 - Clinical Details

Step 5 - Contact Details

Disease area	DVT Assessment	Referral
Primary diagnosis	- Suspected DVT	Date of referral
Therapy template	DVT Assessment - DVT Assessm	Referring GP
Reference range	(None selected)	Consultant
Select active phase	Assessment	Notes
Start date	04/10/2012	
Duration	Weeks Days	
Preferred clinic	(None selected)	Transport
Preferred time	From To	Transport needs
Next visit date		Notes
Next visit type	(None selected)	
Laboratory	(None selected)	

☒ Set the status of the TreatmentPlan to Active (Requires a TherapyTemplate, Active Phase and StartDate)

☐ Decide later

< Previous step

Finish

Cancel

Next step >

Save

Done

Local intranet

125%

4S Dawn Clinical Software & Internet Applications. - Windows Internet Explorer

Close all tabs System menu Patient search **DVT Assessment**

Patient X

DAWN CLINICAL FRAMEWORK 7.9

Test, Patient - 123-123-1234

Risk class: High

Pref. clinic: (None selected)

Phone: - home

Age:

Diagnosis: Suspected DVT

Start date: 04/10/2012 - Indefinite

Therapy: DVT Assessment - DVT Assessment Assessment

Ref. Range: (None selected)

Treatment Plan: 1 of 1 active

Risks:

Interventions Contacts Letters Drugs Events Procedures Reviews Reminders Groups Documents

Therapy: DVT Assessment, Phase: Assessment Phase time: 4 d/1 d Phase Visit#: 1/1

Due by: 08/10/2012 Type: (None selected)

Scheduled

DNA Close Reschedule

Diary Note Review Referral

(None selected)

Next date:

☒ Use recommended: *i*

☐ Set manually:

Normal interval: 1 day

WBC

Haemoglobin

Platelet count

Albumin

Bilirubins (total)

Alkaline Phosphatase

ALT

CRP

Glucose

Graph History Personal Treatment plans Ad Hoc Questionnaires Test Results Interface Warnings

Tests

WBC

Haemoglobin

Platelet count

Albumin

Bilirubins (total)

Alkaline Phosphatase

ALT

CRP

Glucose

Sodium

Potassium

Urea

Creatinine

eGFR

Weight

Temperature

Oxygen Saturation

Resp rate

Heart rate

BP systolic

New Save To list Print

1 / 1

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LRI Emergency Department
Suspected leg DVT
Do not use if

- <16 years of age
- Known pregnancy or < 8d post-partum - see policy on SharePoint 'VTE in pregnancy'
- Features suggestive of PE
- T > 37.9°C (likely cellulitis)
- Features explicable by
 - Obvious acute injury
 - Insect bite / skin wound
 - Asymptomatic in last 72h

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Version 4.6 - May 12

Patient details

Full name

DOB

Unit number

(use sticker if available)

1 Blood results

WBC		CRP	
Hb		Na	
Platelets		K	
Albumin		Urea	
SB		Crea	
AP		eGFR	
ALT		D-Dimer	
Glucose		INR	

Anticoagulation

- Contact haematology 'register' if history of HIT, hypersensitivity to heparin or INR > 3
- If on haemodialysis, use unfractionated heparin (UFH) IV 5000 units bolus then run infusion at 18 units/kg/h; target APTT ratio is 2.2-4.5
- If aPTT < 20, work out CrCl (creatinine clearance) using LHL online calculator
- > CrCl < 20: UFH IV
- > CrCl > 19: Use SC Dalteparin as per 'red' table below
- Otherwise find & tick correct SC Dalteparin dose in tables below

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45-49	5000 AM
45-49	2500 PM
50-54	5000 BD
55-59	7500 AM
55-59	5000 PM
60-64	7500 BD
65-69	10000 AM
65-69	7500 PM
70-74	10000 BD

kg	units
<40	2500 BD
40-45	5000 AM
40-45	2500 PM
45-50	5000 BD
50-55	7500 AM
50-55	5000 PM
55-60	7500 BD
60-65	10000 AM
60-65	7500 PM
65-70	10000 BD

kg	units
<40	5000 BD
40-45	7500 AM
40-45	5000 PM
45-50	10000 BD
50-55	12500 AM
50-55	10000 PM
55-60	12500 BD
60-65	15000 AM
60-65	12500 PM
65-70	15000 BD

Record vitals & weight below and do bloods listed in box 1

DVT likely (complete box 2) OR already anticoagulated

D-Dimer result not relevant at this stage

Compression US scan within 24 (ideally 4) h

Is patient attending in working hours?

Try to arrange scan (DVT clinic on 5972; DR radiologist on 6068)

Scan possible within 4h?

Admit to EDU while scan awaited

Scan shows DVT

Full leg scanned?

DVT likely AND EITHER D-Dimer > 0.5 OR already anticoagulated

Admission needed (complete box 3)?

Will DVT clinic be open tomorrow?

Prescribe Dalteparin SC TID for 5 days; train patient to self-administer STAT dose

Give Dalteparin SC STAT

As you go through flowchart, tick the YES or NO boxes to document your progression

Is on correct dose of low molecular weight heparin or oral anticoagulant with INR in therapeutic range

Weight

kg

Vital signs

Temp

°C

SpO₂

% in air

Resp rate

per min

Heart rate

per min

BP

mm Hg

2 Is DVT likely?

Tick any applicable 'Wells' criteria below and record total score at the bottom

Undergoing active or palliative cancer treatment in last 6/12

Leg paralysis, paresis or plaster immobilization within last 12/52

Bedridden > 3 days, or surgery under general or regional anaesthesia, in last 12/52

Localised tenderness along deep venous system distribution

Entire leg swollen

Record calf circumference 20cm distal to tibial tuberosity before determining the next feature

L cm R cm

Affected calf larger than the other side by 3cm or more (see above)

Pitting oedema (NB: tick only if found in asymptomatic leg only)

Collateral (non-varicose) superficial veins

Previously documented DVT

Alternative at least as likely as DVT

Yes - as 'Wells score' > 1

No - as 'Wells score' < 2

3 Is admission needed?

YES - as at least one of the below

Life or limb-threatening DVT features

NB: DVTs with no need surgical register

Phlegmasia cerulea dolens (blue leg due to extensive venous occlusion)

Phlegmasia alba dolens (white leg due to arterial spasm 2° to DVT)

Thrombus extending despite adequate anticoagulation (NB: only applicable if known DVT and patient had DUS today)

Increased bleeding risk

On treatment for acute bacterial endocarditis

Any active bleeding

Stroke within last 2/12

Active gastric or duodenal ulceration

Angiodysplasia

Known clotting disorder

Platelet count < 50,000

INR > 2 due to e.g. liver disease

INR > 3 and already on oral anticoagulant

Diabetic retinopathy

Intracranial haematomas in last 4/52

Cerebral aneurysm

Neuro- or ophthalmic surgery in last 4/52

Systolic BP > 160 or diastolic BP > 110

Hepatic contraindications

Hypersensitivity to any heparin product

History of heparin-induced thrombocytopenia

General factors

Patient unstable / other reason for admission

eGFR < 20 or on haemodialysis

MUST required to transfer

Unable to mobilise safely

Unable to arrange return to DVT clinic

Lacks capacity to follow instructions

Direct nurse needed to give LMWH

Patient (AND carer, if any) unable to understand management instructions

NO - as none of the above

This assessment was carried out by

Print name Signature Position Date Time completed

4S Dawn Clinical Software & Internet Applications. - Windows Internet Explorer

Close all tabs System menu Patient search **DVT Assessment**

List view Patient X

DAWN CLINICAL FRAMEWORK 7.9

Test, Patient - 123-123-1234

Risk class: High

Pref. clinic: (None selected)

Phone: - home

Age:

Diagnosis: Suspected DVT

Start date: 04/10/2012 - Indefinite

Therapy: DVT Assessment - DVT Assessment

Ref. Range: (None selected)

Treatment Plan: 1 of 1 active

Risks

Interventions **Contacts** **Letters** **Drugs** **Events** **Procedures** **Reviews** **Reminders** **Groups** **Documents**

Therapy: DVT Assessment, Phase: Assessment Phase time: 4 d/1 d Phase Visit#: 1/1

Due by: 08/10/2012 Type: (None selected)

Scheduled

DNA **Close** **Reschedule**

Diary **Note** **Review** **Referral**

(None selected)

Next date:

☒ Use recommended: **i**

☐ Set manually:

Normal interval: 1 day

WBC

Haemoglobin

Platelet count

Albumin

Bilirubins (total)

Alkaline Phosphatase

ALT

CRP

Glucose

Graph **History** **Personal** **Treatment plans** **Ad Hoc Questionnaires** **Test Results** **Interface Warnings**

Contact info **Next of kin** **Clinical** **Owners** **Account** **Audit**

Last name: Test

First name: Patient

Age:

Hosp No: 123-123-1234

NHS No:

Address 1:

Address 2:

Town:

County:

Postcode:

Sex: (None selected) **Title**:

Date of birth:

Contact

Home phone:

Mobile phone:

Work phone:

Email address:

Fax number:

Messaging method: Mail

Additional

Telephone Numbers **Email addresses**

There are no items to display

New **Save** **To list** **Print**

3 / 3

LRI Emergency Department
Suspected leg DVT
Do not use if

- <16 years of age
- Known pregnancy or < 8d post-partum - see policy on Sharepoint 'VTE in pregnancy'
- Features suggestive of PE
- T > 37.9°C (likely cellulitis)
- Features explicable by
- Obvious acute injury
- Insect bite / skin wound
- Asymptomatic in last 72h

Created by: Monica Wilson and Jane Strong
Version 4.6 - May 12

Disclaimer:
This is a clinical template; clinicians should always use judgment when managing individual patients

Patient details

Ref name

DOB

Unit number

(use sticker if available)

1 Blood results

WBC	CRP
Hb	Na
Platelets	K
Albumin	Urea
BUN	Crea
AP	eGFR
ALT	D-Dimer
Glucose	INR

2 Anticoagulation

- Contact haematology 'registrar' if history of PE, hypersensitivity to heparin or DVT > 3
- If on haemodialysis, use unfractionated heparin (UFH) IV 5000 units bolus then run infusion at 10 units/kg/h; target APTT ratio is 2.2-4.5
- If eGFR < 20, work out CHO (creatinine clearance) using LRI online calculator
- > CHO < 20: UFH IV
- > CHO > 19: Use SC Dalaparin as per 'red' table below
- Otherwise find & tick correct SC Dalaparin dose in tables below

eGFR 20-29

kg	units
<45	2500 BD
45-49	5000 AM
50-54	2500 PM
55-59	5000 AM
60-64	2500 PM
65-69	5000 AM
70-74	2500 PM
75-79	5000 AM
80-84	2500 PM
85-89	5000 AM
90-94	2500 PM
95-99	5000 AM
100-104	2500 PM
105-109	5000 AM
110-114	2500 PM
115-119	5000 AM
120-124	2500 PM
125-129	5000 AM
130-134	2500 PM
135-139	5000 AM
140-144	2500 PM
145-149	5000 AM
150-154	2500 PM
155-159	5000 AM
160-164	2500 PM
165-169	5000 AM
170-174	2500 PM
175-179	5000 AM
180-184	2500 PM
185-189	5000 AM
190-194	2500 PM
195-199	5000 AM
200-204	2500 PM
205-209	5000 AM
210-214	2500 PM
215-219	5000 AM
220-224	2500 PM
225-229	5000 AM
230-234	2500 PM
235-239	5000 AM
240-244	2500 PM
245-249	5000 AM
250-254	2500 PM
255-259	5000 AM
260-264	2500 PM
265-269	5000 AM
270-274	2500 PM
275-279	5000 AM
280-284	2500 PM
285-289	5000 AM
290-294	2500 PM
295-299	5000 AM
300-304	2500 PM
305-309	5000 AM
310-314	2500 PM
315-319	5000 AM
320-324	2500 PM
325-329	5000 AM
330-334	2500 PM
335-339	5000 AM
340-344	2500 PM
345-349	5000 AM
350-354	2500 PM
355-359	5000 AM
360-364	2500 PM
365-369	5000 AM
370-374	2500 PM
375-379	5000 AM
380-384	2500 PM
385-389	5000 AM
390-394	2500 PM
395-399	5000 AM
400-404	2500 PM
405-409	5000 AM
410-414	2500 PM
415-419	5000 AM
420-424	2500 PM
425-429	5000 AM
430-434	2500 PM
435-439	5000 AM
440-444	2500 PM
445-449	5000 AM
450-454	2500 PM
455-459	5000 AM
460-464	2500 PM
465-469	5000 AM
470-474	2500 PM
475-479	5000 AM
480-484	2500 PM
485-489	5000 AM
490-494	2500 PM
495-499	5000 AM
500-504	2500 PM
505-509	5000 AM
510-514	2500 PM
515-519	5000 AM
520-524	2500 PM
525-529	5000 AM
530-534	2500 PM
535-539	5000 AM
540-544	2500 PM
545-549	5000 AM
550-554	2500 PM
555-559	5000 AM
560-564	2500 PM
565-569	5000 AM
570-574	2500 PM
575-579	5000 AM
580-584	2500 PM
585-589	5000 AM
590-594	2500 PM
595-599	5000 AM
600-604	2500 PM
605-609	5000 AM
610-614	2500 PM
615-619	5000 AM
620-624	2500 PM
625-629	5000 AM
630-634	2500 PM
635-639	5000 AM
640-644	2500 PM
645-649	5000 AM
650-654	2500 PM
655-659	5000 AM
660-664	2500 PM
665-669	5000 AM
670-674	2500 PM
675-679	5000 AM
680-684	2500 PM
685-689	5000 AM
690-694	2500 PM
695-699	5000 AM
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710-714	2500 PM
715-719	5000 AM
720-724	2500 PM
725-729	5000 AM
730-734	2500 PM
735-739	5000 AM
740-744	2500 PM
745-749	5000 AM
750-754	2500 PM
755-759	5000 AM
760-764	2500 PM
765-769	5000 AM
770-774	2500 PM
775-779	5000 AM
780-784	2500 PM
785-789	5000 AM
790-794	2500 PM
795-799	5000 AM
800-804	2500 PM
805-809	5000 AM
810-814	2500 PM
815-819	5000 AM
820-824	2500 PM
825-829	5000 AM
830-834	2500 PM
835-839	5000 AM
840-844	2500 PM
845-849	5000 AM
850-854	2500 PM
855-859	5000 AM
860-864	2500 PM
865-869	5000 AM
870-874	2500 PM
875-879	5000 AM
880-884	2500 PM
885-889	5000 AM
890-894	2500 PM
895-899	5000 AM
900-904	2500 PM
905-909	5000 AM
910-914	2500 PM
915-919	5000 AM
920-924	2500 PM
925-929	5000 AM
930-934	2500 PM
935-939	5000 AM
940-944	2500 PM
945-949	5000 AM
950-954	2500 PM
955-959	5000 AM
960-964	2500 PM
965-969	5000 AM
970-974	2500 PM
975-979	5000 AM
980-984	2500 PM
985-989	5000 AM
990-994	2500 PM
995-999	5000 AM
1000-1004	2500 PM
1005-1009	5000 AM
1010-1014	2500 PM
1015-1019	5000 AM
1020-1024	2500 PM
1025-1029	5000 AM
1030-1034	2500 PM
1035-1039	5000 AM
1040-1044	2500 PM
1045-1049	5000 AM
1050-1054	2500 PM
1055-1059	5000 AM
1060-1064	2500 PM
1065-1069	5000 AM
1070-1074	2500 PM
1075-1079	5000 AM
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1085-1089	5000 AM
1090-1094	2500 PM
1095-1099	5000 AM
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1105-1109	5000 AM
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1125-1129	5000 AM
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1150-1154	2500 PM
1155-1159	5000 AM
1160-1164	2500 PM
1165-1169	5000 AM
1170-1174	2500 PM
1175-1179	5000 AM
1180-1184	2500 PM
1185-1189	5000 AM
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1195-1199	5000 AM
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1230-1234	2500 PM
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1240-1244	2500 PM
1245-1249	5000 AM
1250-1254	2500 PM
1255-1259	5000 AM
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1485-1489	5000 AM
1490-1494	2500 PM
1495-1499	5000 AM
1500-1504	2500 PM
1505-1509	5000 AM
1510-1514	2500 PM
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1545-1549	5000 AM
1550-1554	2500 PM
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1560-1564	2500 PM
1565-1569	5000 AM
1570-1574	2500 PM
1575-1579	5000 AM
1580-1584	2500 PM
1585-1589	5000 AM
1590-1594	2500 PM
1595-1599	5000 AM
1600-1604	2500 PM
1605-1609	5000 AM
1610-1614	2500 PM
1615-1619	5000 AM
1620-1624	2500 PM
1625-1629	5000 AM
1630-1634	2500 PM
1635-1639	5000 AM
1640-1644	2500 PM
1645-1649	5000 AM
1650-1654	2500 PM
1655-1659	5000 AM
1660-1664	2500 PM
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1695-1699	5000 AM
1700-1704	2500 PM
1705-1709	5000 AM
1710-1714	2500 PM
1715-1719	5000 AM
1720-1724	2500 PM
1725-1729	5000 AM
1730-1734	2500 PM
1735-1739	5000 AM
1740-1744	2500 PM
1745-1749	5000 AM
1750-1754	2500 PM
1755-1759	5000 AM
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1765-1769	5000 AM
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1795-1799	5000 AM
1800-1804	2500 PM
1805-1809	5000 AM
1810-1814	2500 PM
1815-1819	5000 AM
1820-1824	2500 PM
1825-1829	5000 AM
1830-1834	2500 PM
1835-1839	5000 AM
1840-1844	2500 PM
1845-1849	5000 AM
1850-1	

4S Dawn Clinical Software & Internet Applications. - Windows Internet Explorer

Close all tabs System menu Patient search **DVT Assessment**

List view Patient X

DAWN CLINICAL FRAMEWORK 7.9

Test, Patient - 123-123-1234

Risk class: **High**

Pref. clinic: (None selected)

Phone: - home

Age:

Diagnosis: Suspected DVT

Start date: 04/10/2012 - Indefinite

Therapy: DVT Assessment - DVT Assessment Assessment

Ref. Range: (None selected)

Treatment Plan: 1 of 1 active

Risks:

Interventions Contacts Letters Drugs Events Procedures Reviews Reminders Groups Documents

Therapy: DVT Assessment, Phase: Assessment Phase time: 4 d/1 d Phase Visit#: 1/1

Due by: 08/10/2012 Type: (None selected)

Scheduled

DNA Close Reschedule

Diary Note Review Referral

(None selected)

Next date:

☒ Use recommended:

☐ Set manually:

Normal interval: 1 day

WBC	
Haemoglobin	
Platelet count	
Albumin	
Bilirubins (total)	
Alkaline Phosphatase	
ALT	
CRP	
Glucose	

Graph History **Personal** Treatment plans Ad Hoc Questionnaires Test Results Interface Warnings

Contact info Next of kin Clinical Owners Account Audit

Last name: Test

First name: Patient

Age:

Hosp No: 123-123-1234

NHS No:

Address 1:

Address 2:

Town:

County:

Postcode:

Sex: (None selected) Title:

Date of birth: DoD:

Contact

Home phone:

Mobile phone:

Work phone:

Email address:

Fax number:

Messaging method: Mail

Additional

Telephone Numbers Email addresses

There are no items to display

New Save To list Print

3 / 3



DAWN CLINICAL FRAMEWORK

Interventions

Therapy: DVT Assessment, Phase: Assessment **Phase time: 6 d/1 d Phase Visit# : 1/1**

Due by: Type:

BP diastolic	<input type="text"/>
BP systolic	<input type="text"/>
Pulse	<input type="text"/>
Temperature	<input type="text"/>
Oxygen Saturation	<input type="text"/>
Weight	<input type="text"/>
Affected Leg (L R)	<input type="text"/>
Unaffected Leg (L R)	<input type="text"/>
Last menstrual period	<input type="text"/>

Partially completed results

(None selected)

Next date:

☐ Use recommended:

☒ Set manually:

Normal interval: 1 day

e.g. Lab Test, Action With Patient, UltraSound

LRI Emergency Department

Suspected leg DVT

Do not use if

- <16 years of age
- Known pregnancy or < 8d post-partum - see policy on SharePoint 'VTE in pregnancy'
- Features suggestive of PE
- T > 37.9°C (likely cellulitis)
- Features explicable by
 - Obvious acute injury
 - Insect bite / skin wound
 - Asymptomatic in last 72h

Disclaimer:
This is a clinical template; clinicians should always use judgment when managing individual patients

Version 4.6 May 12

Patient details

Full name

DOB

Unit number

(use sticker if available)

① Blood results

WBC	CRP
Hb	Na
Platelets	K
Albumin	Urea
Bili	Crea
AP	eGFR
ALT	D-Dimer
Glucose	INR

Anticoagulation

- Contact hematology registrar
- History of HCT, hypotension or INR > 3
- If on heparin, use unfractionated heparin (UFH) IV 5000 units then run infusion at 10 units/kg/h target APTT ratio 1.2-1.5
- If on DOAC, work out DOAC clearance using LRI online calculator
- > CrCl < 30 L/min DOAC use SC Dalteparin as per below
- > CrCl > 30 L/min DOAC use SC Dalteparin as per below
- Otherwise tick and tick correct SC Dalteparin dose in box below

eGFR	DOAC
< 30	2500 BD
30-44	5000 AM
45-49	5000 PM
50-59	5000 BD
60-69	5000 AM
70-79	5000 PM
80-89	5000 BD
90-99	5000 AM
100-109	5000 PM
110-119	5000 BD
120-129	5000 AM
130-139	5000 PM
140-149	5000 BD
150-159	5000 AM
160-169	5000 PM
170-179	5000 BD
180-189	5000 AM
190-199	5000 PM
200-209	5000 BD
210-219	5000 AM
220-229	5000 PM
230-239	5000 BD
240-249	5000 AM
250-259	5000 PM
260-269	5000 BD
270-279	5000 AM
280-289	5000 PM
290-299	5000 BD
300-309	5000 AM
310-319	5000 PM
320-329	5000 BD
330-339	5000 AM
340-349	5000 PM
350-359	5000 BD
360-369	5000 AM
370-379	5000 PM
380-389	5000 BD
390-399	5000 AM
400-409	5000 PM
410-419	5000 BD
420-429	5000 AM
430-439	5000 PM
440-449	5000 BD
450-459	5000 AM
460-469	5000 PM
470-479	5000 BD
480-489	5000 AM
490-499	5000 PM
500-509	5000 BD
510-519	5000 AM
520-529	5000 PM
530-539	5000 BD
540-549	5000 AM
550-559	5000 PM
560-569	5000 BD
570-579	5000 AM
580-589	5000 PM
590-599	5000 BD
600-609	5000 AM
610-619	5000 PM
620-629	5000 BD
630-639	5000 AM
640-649	5000 PM
650-659	5000 BD
660-669	5000 AM
670-679	5000 PM
680-689	5000 BD
690-699	5000 AM
700-709	5000 PM
710-719	5000 BD
720-729	5000 AM
730-739	5000 PM
740-749	5000 BD
750-759	5000 AM
760-769	5000 PM
770-779	5000 BD
780-789	5000 AM
790-799	5000 PM
800-809	5000 BD
810-819	5000 AM
820-829	5000 PM
830-839	5000 BD
840-849	5000 AM
850-859	5000 PM
860-869	5000 BD
870-879	5000 AM
880-889	5000 PM
890-899	5000 BD
900-909	5000 AM
910-919	5000 PM
920-929	5000 BD
930-939	5000 AM
940-949	5000 PM
950-959	5000 BD
960-969	5000 AM
970-979	5000 PM
980-989	5000 BD
990-999	5000 AM
1000-1009	5000 PM
1010-1019	5000 BD
1020-1029	5000 AM
1030-1039	5000 PM
1040-1049	5000 BD
1050-1059	5000 AM
1060-1069	5000 PM
1070-1079	5000 BD
1080-1089	5000 AM
1090-1099	5000 PM
1100-1109	5000 BD
1110-1119	5000 AM
1120-1129	5000 PM
1130-1139	5000 BD
1140-1149	5000 AM
1150-1159	5000 PM
1160-1169	5000 BD
1170-1179	5000 AM
1180-1189	5000 PM
1190-1199	5000 BD
1200-1209	5000 AM
1210-1219	5000 PM
1220-1229	5000 BD
1230-1239	5000 AM
1240-1249	5000 PM
1250-1259	5000 BD
1260-1269	5000 AM
1270-1279	5000 PM
1280-1289	5000 BD
1290-1299	5000 AM
1300-1309	5000 PM
1310-1319	5000 BD
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1330-1339	5000 PM
1340-1349	5000 BD
1350-1359	5000 AM
1360-1369	5000 PM
1370-1379	5000 BD
1380-1389	5000 AM
1390-1399	5000 PM
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1450-1459	5000 PM
1460-1469	5000 BD
1470-1479	5000 AM
1480-1489	5000 PM
1490-1499	5000 BD
1500-1509	5000 AM
1510-1519	5000 PM
1520-1529	5000 BD
1530-1539	5000 AM
1540-1549	5000 PM
1550-1559	5000 BD
1560-1569	5000 AM
1570-1579	5000 PM
1580-1589	5000 BD
1590-1599	5000 AM
1600-1609	5000 PM
1610-1619	5000 BD
1620-1629	5000 AM
1630-1639	5000 PM
1640-1649	5000 BD
1650-1659	5000 AM
1660-1669	5000 PM
1670-1679	5000 BD
1680-1689	5000 AM
1690-1699	5000 PM
1700-1709	5000 BD
1710-1719	5000 AM
1720-1729	5000 PM
1730-1739	5000 BD
1740-1749	5000 AM
1750-1759	5000 PM
1760-1769	5000 BD
1770-1779	5000 AM
1780-1789	5000 PM
1790-1799	5000 BD
1800-1809	5000 AM
1810-1819	5000 PM
1820-1829	5000 BD
1830-1839	5000 AM
1840-1849	5000 PM
1850-1859	5000 BD
1860-1869	5000 AM
1870-1879	5000 PM
1880-1889	5000 BD
1890-1899	5000 AM
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1910-1919	5000 BD
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1930-1939	5000 PM
1940-1949	5000 BD
1950-1959	5000 AM
1960-1969	5000 PM
1970-1979	5000 BD
1980-1989	5000 AM
1990-1999	5000 PM
2000-2009	5000 BD
2010-2019	5000 AM
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2040-2049	5000 AM
2050-2059	5000 PM
2060-2069	5000 BD
2070-2079	5000 AM
2080-2089	5000 PM
2090-2099	5000 BD
2100-2109	5000 AM
2110-2119	5000 PM
2120-2129	5000 BD
2130-2139	5000 AM
2140-2149	5000 PM
2150-2159	5000 BD
2160-2169	5000 AM
2170-2179	5000 PM
2180-2189	5000 BD
2190-2199	5000 AM
2200-2209	5000 PM
2210-2219	5000 BD
2220-2229	5000 AM
2230-2239	5000 PM
2240-2249	5000 BD
2250-2259	5000 AM
2260-2269	5000 PM
2270-2279	5000 BD
2280-2289	5000 AM
2290-2299	5000 PM
2300-2309	5000 BD
2310-2319	5000 AM
2320-2329	5000 PM
2330-2339	5000 BD
2340-2349	5000 AM
2350-2359	5000 PM
2360-2369	5000 BD
2370-2379	5000 AM
2380-2389	5000 PM
2390-2399	5000 BD
2400-2409	5000 AM
2410-2419	5000 PM
2420-2429	5000 BD
2430-2439	5000 AM
2440-2449	5000 PM
2450-2459	5000 BD
2460-2469	5000 AM
2470-2479	5000 PM
2480-2489	5000 BD
2490-2499	5000 AM
2500-2509	5000 PM
2510-2519	5000 BD
2520-2529	5000 AM
2530-2539	5000 PM
2540-2549	5000 BD
2550-2559	5000 AM
2560-2569	5000 PM
2570-2579	5000 BD
2580-2589	5000 AM
2590-2599	5000 PM
2600-2609	5000 BD
2610-2619	5000 AM
2620-2629	5000 PM
2630-2639	5000 BD
2640-2649	5000 AM
2650-2659	5000 PM
2660-2669	5000 BD
2670-2679	5000 AM
2680-2689	5000 PM
2690-2699	5000 BD
2700-2709	5000 AM
2710-2719	5000 PM
2720-2729	5000 BD
2730-2739	5000 AM
2740-2749	5000 PM
2750-2759	5000 BD
2760-2769	5000 AM
2770-2779	5000 PM
2780-2789	5000 BD
2790-2799	5000 AM
2800-2809	5000 PM
2810-2819	5000 BD
2820-2829	5000 AM
2830-2839	5000 PM
2840-2849	5000 BD
2850-2859	5000 AM
2860-2869	5000 PM
2870-2879	5000 BD
2880-2889	5000 AM
2890-2899	5000 PM
2900-2909	5000 BD
2910-2919	5000 AM
2920-2929	5000 PM
2930-2939	5000 BD
2940-2949	5000 AM
2950-2959	5000 PM
2960-2969	5000 BD
2970-2979	5000 AM
2980-2989	5000 PM
2990-2999	5000 BD
3000-3009	5000 AM
3010-3019	5000 PM
3020-3029	5000 BD
3030-3039	5000 AM
3040-3049	5000 PM
3050-3059	5000 BD
3060-3069	5000 AM
3070-3079	5000 PM
3080-3089	5000 BD
3090-3099	5000 AM
3100-3109	5000 PM
3110-3119	5000 BD
3120-3129	5000 AM
3130-3139	5000 PM
3140-3149	5000 BD
3150-3159	5000 AM
3160-3169	5000 PM
3170-3179	5000 BD
3180-3189	5000 AM
3190-3199	5000 PM
3200-3209	5000 BD
3210-3219	5000 AM
3220-3229	5000 PM
3230-3239	5000 BD
3240-3249	5000 AM
3250-3259	5000 PM
3260-3269	5000 BD
3270-3279	5000 AM
3280-3289	5000 PM
3290-3299	5000 BD
3300-3309	5000 AM
3310-3319	5000 PM
3320-3329	5000 BD
3330-3339	5000 AM
3340-3349	5000 PM
3350-3359	5000 BD
3360-3369	5000 AM
3370-3379	5000 PM
3380-3389	5000 BD
3390-3399	5000 AM
3400-3409	5000 PM
3410-3419	5000 BD
3420-3429	5000 AM
3430-3439	5000 PM
3440-3449	5000 BD
3450-3459	5000 AM
3460-3469	5000 PM
3470-3479	5000 BD
3480-3489	5000 AM
3490-3499	5000 PM
3500-3509	5000 BD
3510-3519	5000 AM
3520-3529	5000 PM
3530-3539	5000 BD
3540-3549	5000 AM
3550-3559	5000 PM
3560-3569	5000 BD
3570-3579	5000 AM
3580-3589	5000 PM



Questionnaires

Is DVT likely?	Answer	Score
Undergoing active or palliative cancer treatment in last 6 months	<input type="radio"/> No <input type="radio"/> Yes	1
Leg paralysis, paresis or plaster immobilization within last 12/52	<input type="radio"/> No <input type="radio"/> Yes	1
Bedridden for more than 3 days or surgery under general or regional anaesthesia, in last 12/52	<input type="radio"/> No <input type="radio"/> Yes	1
Localised tenderness along deep venous system distribution	<input type="radio"/> No <input type="radio"/> Yes	1
Entire leg swollen	<input type="radio"/> No <input checked="" type="radio"/> Yes	1
Record calf circumference 10cm distal to tibial tuberosity before determining the next feature L <input type="text"/> cm R <input type="text"/> cm Affected calf larger than the other side by 3cm or more (see above)	<input type="radio"/> No <input type="radio"/> Yes	1
Pitting oedema (NB: tick only if found in symptomatic leg only)	<input type="radio"/> No <input checked="" type="radio"/> Yes	1
Collateral superficial veins (non varicose)	<input type="radio"/> No <input type="radio"/> Yes	1
Previously documented DVT	<input type="radio"/> No <input checked="" type="radio"/> Yes	1
Alternative diagnosis as likely or greater than that of DVT	<input type="radio"/> Yes <input type="radio"/> No	-2

4S Dawn Clinical Software & Internet Applications. - Windows Internet Explorer

Close all tabs System menu Patient search **DVT Assessment**

Patient X

DAWN CLINICAL FRAMEWORK 7.9

Test, Patient - 123-123-1234

Risk class: High

Pref. clinic: (None selected)

Phone: - home

Age:

Diagnosis: Suspected DVT

Start date: 04/10/2012! - Indefinite

Therapy: DVT Assessment - DVT Assessment Assessment

Ref. Range: (None selected)

Treatment Plan: 1 of 1 active

Risks

Interventions **Contacts** **Letters** **Drugs** **Events** **Procedures** **Reviews** **Reminders** **Groups** **Documents**

Therapy: DVT Assessment, Phase: Assessment **Phase time: 4 d/1 d Phase Visit#: 1/1**

Due by: 08/10/2012 Type: (None selected)

Scheduled

DNA Close Reschedule

Diary Note Review Referral

(None selected)

Next date:

☒ Use recommended: **i**

☐ Set manually:

Normal interval: 1 day

WBC

Haemoglobin

Platelet count

Albumin

Bilirubins (total)

Alkaline Phosphatase

ALT

CRP

Glucose

Tests

WBC

Haemoglobin

Platelet count

Albumin

Bilirubins (total)

Alkaline Phosphatase

ALT

CRP

Glucose

Sodium

Potassium

Urea

Creatinine

eGFR

Weight

Temperature

Oxygen Saturation

Resp rate

Heart rate

BP systolic

Graph **History** **Personal** **Treatment plans** **Ad Hoc Questionnaires** **Test Results** **Interface Warnings**

New Save To list Print

1 / 1

Done Local intranet 125%

Test, Patient - 123-123-1234

Risk class High

Pref. clinic (None selected)

Phone - home

Age

Diagnosis Suspected DVT

Start date 04/10/2012! - Indefinite

Therapy DVT Assessment - DVT Assessment Assessment

Ref. Range (None selected)

Treatment Plan 1 of 1 active

Risks

Interventions

Contacts

Letters

Drugs

Events

Procedures

Reviews

Reminders

Groups

Documents

Therapy: DVT Assessment, Phase: Assessment

Phase time: 4 d/1 d Phase Visit#: 1/1

Due by: 08/10/2012 Type: (None selected)

Scheduled

DNA

Close

Reschedule

Diary

Note

Review

Referral

(None selected)

Next date:

☒ Use recommended: i☐ Set manually:

Normal interval: 1 day

WBC	
Haemoglobin	
Platelet count	
Albumin	
Bilirubins (total)	
Alkaline Phosphatase	
ALT	
CRP	
Glucose	

Graph

History

Personal

Treatment plans

Ad Hoc Questionnaires

Test Results

Interface Warnings



There are no items to display

New

Save

To list

Print

1 / 1

Local intranet

125%



Questionnaire (Test Patient) - New record

Please select a QuestionnaireType for the table

Questionnaire

Click Assessment

DVT Protocol

Admission

Wells Score



OK

Cancel

▲ Up

▼ Down

1 - 4 / 4



DVT Protocol Workflow within DAWN

Questionnaire (Test Patient)

Suspected leg DVT

Do not use if

- < 16 years of age
- known pregnancy or < 8d post-partum - see policy on Sharepoint 'VTE in pregnancy'
- features suggestive of PE
- T > 37.9oC (likely cellulitis)
- features explicable by
 - * obvious injury
 - * insect bite / skin wound
- asymptomatic in last 72h

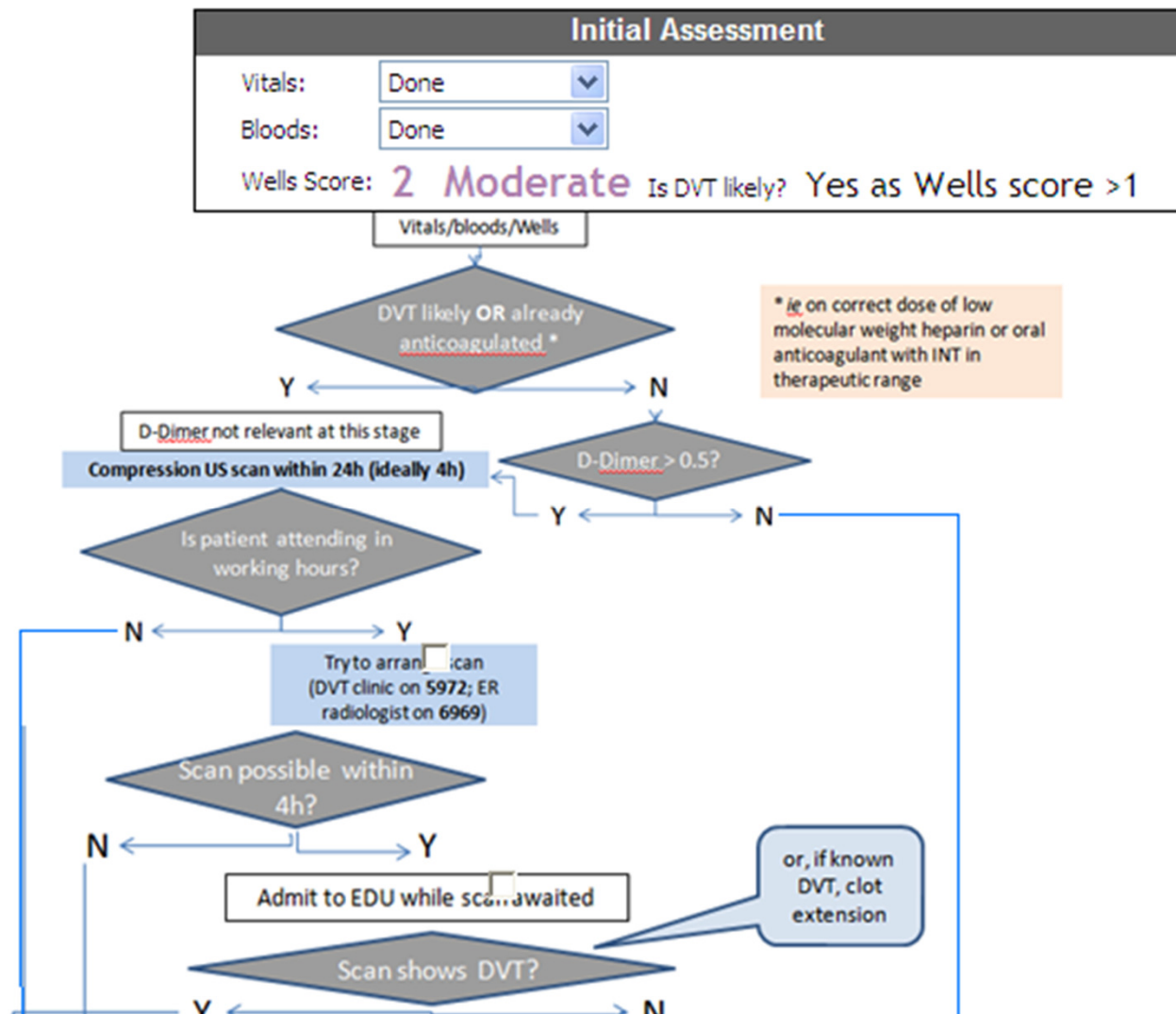
Disclaimer: This is a clinical template; clinicians should always use judgement when managing individual patients

Is DVT likely?	Answer	Score
Undergoing active or palliative cancer treatment in last 6 months	<input type="radio"/> No <input type="radio"/> Yes	1
Leg paralysis, paresis or plaster immobilization within last 12/52	<input type="radio"/> No <input type="radio"/> Yes	1
Bedridden for more than 3 days or surgery under general or regional anaesthesia, in last 12/52	<input type="radio"/> No <input type="radio"/> Yes	1
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Record calf circumference 10cm distal to tibial tuberosity before determining the next feature L <input type="text"/> cm R <input type="text"/> cm	<input type="radio"/> No <input type="radio"/> Yes	1
Affected calf larger than the other side by 3cm or more (see above)	<input type="radio"/> No <input type="radio"/> Yes	1
Pitting oedema (NB: tick only if found in symptomatic leg only)	<input type="radio"/> No <input checked="" type="radio"/> Yes	1
Collateral superficial veins (non varicose)	<input type="radio"/> No <input type="radio"/> Yes	1
Previously documented DVT	<input type="radio"/> No <input checked="" type="radio"/> Yes	1
Alternative diagnosis as likely or greater than that of DVT	<input type="radio"/> Yes <input type="radio"/> No	-2



DAWN CLINICAL FRAMEWORK

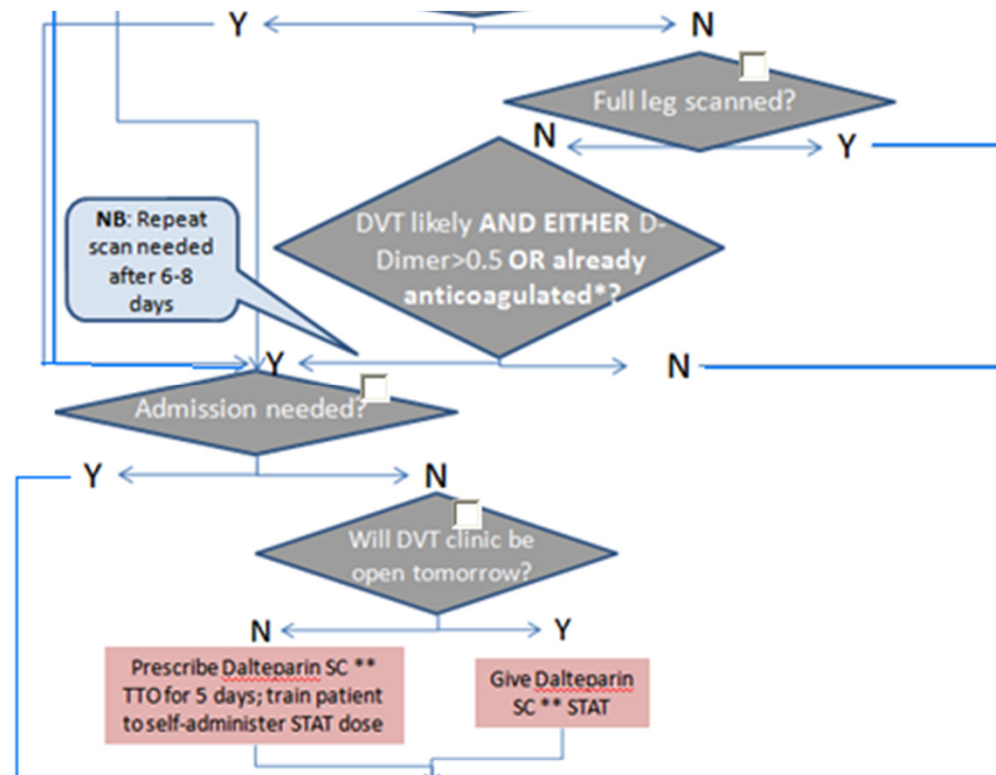
DVT Protocol Workflow within DAWN





DAWN CLINICAL FRAMEWORK

DVT Protocol Workflow within DAWN



Admit to AMU (NB: To EDU/EFU if only 'EDU' criteria met - see 'Ts admission needed?'), Address analgesia needs (if any) and anticoagulation

**-Address analgesia/mobility needs (if any)
-Refer to DVT Clinic on 0116 258 5972, stating patient name, DOB and S number
-Give patient ED notes copy and DVT PIL
-Tell them to call the DVT clinic at 08:00 on the day it reopens**

DVT excluded. Complete GP Letter (Letters tab) - this contains a useful list of alternative diagnoses; Manage as appropriate (eg, start cellulitis pathway if likely). Patient to take copy of the letter to GP.

LRI Emergency Department
Suspected leg DVT

Do not use if

- <16 years of age
- Known pregnancy or < 8d post-partum - see policy on SharePoint 'VTE in pregnancy'
- Features suggestive of PE
- T > 37.9°C (likely cellulitis)
- Features explicable by
 - Obvious acute injury
 - Insect bite / skin wound
- Asymptomatic in last 72h

Disclaimer:
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Version 4.6 May 12

Patient details

Full name

DOB

Unit number

(use sticker if available)

① Blood results

WBC		CRP	
Hb		Na	
Platelets		K	
Albumin		Urea	
SB		Crea	
AP		eGFR	
ALT		D-Dimer	
Glucose		INR	

Anticoagulation

- Contact haematology 'register' if history of HIT, hypersensitivity to heparin or INR > 3
- If on haemodialysis, use unfractionated heparin (UFH) IV 5000 units bolus then run infusion at 18 units/kg/h target APTT ratio is 2.2-4.5
- If aPTT < 20, work out CrCl (creatinine clearance) using LHL online calculator
- > CrCl < 20: UFH IV
- > CrCl > 19: Use SC Dalteparin as per 'red' table below
- Otherwise find & tick correct SC Dalteparin dose in tables below

kg	units
<45	2500 BD
45-49	5000 AM
50-54	2500 PM
55-59	5000 BD
60-64	7500 AM
65-69	5000 PM
70-74	7500 BD
75-79	10000 AM
80-84	7500 PM
85-89	10000 BD
90-94	12500 AM
95-99	10000 PM
100-104	12500 BD
105-109	15000 AM
110-114	12500 PM
115-119	15000 BD
120-124	17500 AM
125-129	15000 PM
130-134	17500 BD
135-139	20000 AM
140-144	17500 PM
145-149	20000 BD
150-154	22500 AM
155-159	20000 PM
160-164	22500 BD
165-169	25000 AM
170-174	22500 PM
175-179	25000 BD
180-184	27500 AM
185-189	25000 PM
190-194	27500 BD
195-199	30000 AM
200-204	27500 PM
205-209	30000 BD
210-214	32500 AM
215-219	30000 PM
220-224	32500 BD
225-229	35000 AM
230-234	32500 PM
235-239	35000 BD
240-244	37500 AM
245-249	35000 PM
250-254	37500 BD
255-259	40000 AM
260-264	37500 PM
265-269	40000 BD
270-274	42500 AM
275-279	40000 PM
280-284	42500 BD
285-289	45000 AM
290-294	42500 PM
295-299	45000 BD
300-304	47500 AM
305-309	45000 PM
310-314	47500 BD
315-319	50000 AM
320-324	47500 PM
325-329	50000 BD
330-334	52500 AM
335-339	50000 PM
340-344	52500 BD
345-349	55000 AM
350-354	52500 PM
355-359	55000 BD
360-364	57500 AM
365-369	55000 PM
370-374	57500 BD
375-379	60000 AM
380-384	57500 PM
385-389	60000 BD
390-394	62500 AM
395-399	60000 PM
400-404	62500 BD
405-409	65000 AM
410-414	62500 PM
415-419	65000 BD
420-424	67500 AM
425-429	65000 PM
430-434	67500 BD
435-439	70000 AM
440-444	67500 PM
445-449	70000 BD
450-454	72500 AM
455-459	70000 PM
460-464	72500 BD
465-469	75000 AM
470-474	72500 PM
475-479	75000 BD
480-484	77500 AM
485-489	75000 PM
490-494	77500 BD
495-499	80000 AM
500-504	77500 PM
505-509	80000 BD
510-514	82500 AM
515-519	80000 PM
520-524	82500 BD
525-529	85000 AM
530-534	82500 PM
535-539	85000 BD
540-544	87500 AM
545-549	85000 PM
550-554	87500 BD
555-559	90000 AM
560-564	87500 PM
565-569	90000 BD
570-574	92500 AM
575-579	90000 PM
580-584	92500 BD
585-589	95000 AM
590-594	92500 PM
595-599	95000 BD
600-604	97500 AM
605-609	95000 PM
610-614	97500 BD
615-619	100000 AM
620-624	97500 PM
625-629	100000 BD
630-634	102500 AM
635-639	100000 PM
640-644	102500 BD
645-649	105000 AM
650-654	102500 PM
655-659	105000 BD
660-664	107500 AM
665-669	105000 PM
670-674	107500 BD
675-679	110000 AM
680-684	107500 PM
685-689	110000 BD
690-694	112500 AM
695-699	110000 PM
700-704	112500 BD
705-709	115000 AM
710-714	112500 PM
715-719	115000 BD
720-724	117500 AM
725-729	115000 PM
730-734	117500 BD
735-739	120000 AM
740-744	117500 PM
745-749	120000 BD
750-754	122500 AM
755-759	120000 PM
760-764	122500 BD
765-769	125000 AM
770-774	122500 PM
775-779	125000 BD
780-784	127500 AM
785-789	125000 PM
790-794	127500 BD
795-799	130000 AM
800-804	127500 PM
805-809	130000 BD
810-814	132500 AM
815-819	130000 PM
820-824	132500 BD
825-829	135000 AM
830-834	132500 PM
835-839	135000 BD
840-844	137500 AM
845-849	135000 PM
850-854	137500 BD
855-859	140000 AM
860-864	137500 PM
865-869	140000 BD
870-874	142500 AM
875-879	140000 PM
880-884	142500 BD
885-889	145000 AM
890-894	142500 PM
895-899	145000 BD
900-904	147500 AM
905-909	145000 PM
910-914	147500 BD
915-919	150000 AM
920-924	147500 PM
925-929	150000 BD
930-934	152500 AM
935-939	150000 PM
940-944	152500 BD
945-949	155000 AM
950-954	152500 PM
955-959	155000 BD
960-964	157500 AM
965-969	155000 PM
970-974	157500 BD
975-979	160000 AM
980-984	157500 PM
985-989	160000 BD
990-994	162500 AM
995-999	160000 PM
1000-1004	162500 BD
1005-1009	165000 AM
1010-1014	162500 PM
1015-1019	165000 BD
1020-1024	167500 AM
1025-1029	165000 PM
1030-1034	167500 BD
1035-1039	170000 AM
1040-1044	167500 PM
1045-1049	170000 BD
1050-1054	172500 AM
1055-1059	170000 PM
1060-1064	172500 BD
1065-1069	175000 AM
1070-1074	172500 PM
1075-1079	175000 BD
1080-1084	177500 AM
1085-1089	175000 PM
1090-1094	177500 BD
1095-1099	180000 AM
1100-1104	177500 PM
1105-1109	180000 BD
1110-1114	182500 AM
1115-1119	180000 PM
1120-1124	182500 BD
1125-1129	185000 AM
1130-1134	182500 PM
1135-1139	185000 BD
1140-1144	187500 AM
1145-1149	185000 PM
1150-1154	187500 BD
1155-1159	190000 AM
1160-1164	187500 PM
1165-1169	190000 BD
1170-1174	192500 AM
1175-1179	190000 PM
1180-1184	192500 BD
1185-1189	195000 AM
1190-1194	192500 PM
1195-1199	195000 BD
1200-1204	197500 AM
1205-1209	195000 PM
1210-1214	197500 BD
1215-1219	200000 AM
1220-1224	197500 PM
1225-1229	200000 BD
1230-1234	202500 AM
1235-1239	200000 PM
1240-1244	202500 BD
1245-1249	205000 AM
1250-1254	202500 PM
1255-1259	205000 BD
1260-1264	207500 AM
1265-1269	205000 PM
1270-1274	207500 BD
1275-1279	210000 AM
1280-1284	207500 PM
1285-1289	210000 BD
1290-1294	212500 AM
1295-1299	210000 PM
1300-1304	212500 BD
1305-1309	215000 AM
1310-1314	212500 PM
1315-1319	215000 BD
1320-1324	217500 AM
1325-1329	215000 PM
1330-1334	217500 BD
1335-1339	220000 AM
1340-1344	217500 PM
1345-1349	220000 BD
1350-1354	222500 AM
1355-1359	220000 PM
1360-1364	222500 BD
1365-1369	225000 AM
1370-1374	222500 PM
1375-1379	225000 BD
1380-1384	227500 AM
1385-1389	225000 PM
1390-1394	227500 BD
1395-1399	230000 AM
1400-1404	227500 PM
1405-1409	230000 BD
1410-1414	232500 AM
1415-1419	230000 PM
1420-1424	232500 BD
1425-1429	235000 AM
1430-1434	232500 PM
1435-1439	235000 BD
1440-1444	237500 AM
1445-1449	235000 PM
1450-1454	237500 BD
1455-1459	240000 AM
1460-1464	237500 PM
1465-1469	240000 BD
1470-1474	242500 AM
1475-1479	240000 PM
1480-1484	242500 BD
1485-1489	245000 AM
1490-1494	242500 PM
1495-1499	245000 BD
1500-1504	247500 AM
1505-1509	245000 PM
1510-1514	247500 BD
1515-1519	250000 AM
1520-1524	247500 PM
1525-1529	250000 BD
1530-1534	252500 AM
1535-1539	250000 PM
1540-1544	252500 BD
1545-1549	255000 AM
1550-1554	252500 PM
1555-1559	255000 BD
1560-1564	257500 AM
1565-1569	255000 PM
1570-1574	257500 BD
1575-1579	260000 AM
1580-1584	257500 PM
1585-1589	260000 BD
1590-1594	262500 AM
1595-1599	260000 PM
1600-1604	262500 BD
1605-1609	265000 AM
1610-1614	262500 PM
1615-1619	265000 BD
1620-1624	267500 AM
1625-1629	265000 PM
1630-1634	267500 BD
1635-1639	270000 AM
1640-1644	267500 PM
1645-1649	270000 BD
1650-1654	272500 AM
1655-1659	270000 PM
1660-1664	272500 BD
1665-1669	275000 AM
1670-1674	272500 PM
1675-1679	275000 BD
1680-1684	277500 AM
1685-1689	275000 PM
1690-1694	277500 BD
1695-1699	280000 AM
1700-1704	277500 PM
1705-1709	280000 BD
1710-1714	282500 AM
1715-1719	280000 PM
1720-1724	282500 BD
1725-1729	285000 AM
1730-1734	282500 PM
1735-1739	285000 BD
1740-1744	287500 AM
1745-1749	285000 PM
1750-1754	287500 BD
1755-1759	290000 AM
1760-1764	287500 PM
1765-1769	290000 BD
1770-1774	292500 AM
1775-1779	290000 PM
1780-1784	292500 BD
1785-1789	295000 AM
1790-1794	292500 PM
1795-1799	295000 BD
1800-1804	297500 AM
1805-1809	295000 PM
1810-1814	297500 BD
1815-1819	300000 AM
1820-1824	297500 PM
1825-1829	300000 BD
1830-1834	302500 AM
1835-1839	300000 PM
1840-1844	302500 BD
1845-1849	305000 AM
1850-1854	302500 PM
1855-1859	305000 BD
1860-1864	307500 AM
1865-1869	305000 PM
1870-1874	307500 BD
1875-1879	310000 AM
1880-1884	307500 PM
1885-1889	310000 BD
1890-1894	312500 AM
1895-1899	310000 PM
1900-1904	312500 BD
1905-1909	315000 AM
1910-1914	312500 PM
1915-1919	315000 BD
1920-1924	317500 AM
1925-1929	315000 PM
1930-1934	317500 BD
1935-1939	320000 AM
1940-1944	317500 PM
1945-1949	320000 BD
1950-1954	322500 AM
1955-1959	320000 PM
1960-1964	322500 BD
1965-1969	325000 AM
1970-1974	322500 PM
1975-1979	32500

Questionnaire (Test Patient) - New record

Suspected leg DVT

Do not use if

- < 16 years of age
- known pregnancy or < 8d post-partum - see policy on Sharepoint 'VTE in pregnancy'
- features suggestive of PE
- T > 37.9oC (likely cellulitis)
- features explicable by
 - * obvious injury
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- asymptomatic in last 72h

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Is DVT likely?	Answer	Score
Undergoing active or palliative cancer treatment in last 6 months	<input type="radio"/> No <input type="radio"/> Yes	1
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Record calf circumference 10cm distal to tibial tuberosity before determining the next feature L <input type="text"/> cm R <input type="text"/> cm	<input type="radio"/> No <input type="radio"/> Yes	1
Affected calf larger than the other side by 3cm or more (see above)	<input type="radio"/> No <input type="radio"/> Yes	1
Pitting oedema (NB: tick only if found in symptomatic leg only)	<input type="radio"/> No <input type="radio"/> Yes	1
Collateral superficial veins (non varicose)	<input type="radio"/> No <input type="radio"/> Yes	1
Previously documented DVT	<input type="radio"/> No <input type="radio"/> Yes	1
Alternative diagnosis as likely or greater than that of DVT	<input type="radio"/> Yes <input type="radio"/> No	-2

OK

Cancel

Done

Local intranet

125%

LRI Emergency Department
Suspected leg DVT
Do not use if

- <16 years of age
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 - Insect bite / skin wound
 - Asymptomatic in last 72h

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Version 4.6 - May 12

Patient details

Full name _____

DOB _____

Unit number _____

(use sticker if available)

1 Blood results

WBC		CRP	
Hb		Na	
Platelets		K	
Albumin		Urea	
SB		Crea	
AP		eGFR	
ALT		D-Dimer	
Glucose		INR	

2 Anticoagulation

- Contact haematology 'register' if history of HIT, hypersensitive to heparin or INR > 3
- If on haemodialysis, use unfractionated heparin (UFH) IV 5000 units bolus then run infusion at 18 units/kg/h; target APTT ratio is 2.2-4.5
- If eGFR < 20, work out CrCl (creatinine clearance) using LHL online calculator
- > CrCl < 20: UFH IV
- > CrCl > 19: Use SC Dalteparin as per 'red' table below
- Otherwise find & tick correct SC Dalteparin dose in tables below

kg	units
<45	2500 BD
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45-49	2500 PM
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55-59	7500 AM
55-59	7500 PM
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60-64	10000 PM
65-69	12500 AM
65-69	12500 PM
70-74	15000 AM
70-74	15000 PM
75-79	17500 AM
75-79	17500 PM
80-84	20000 AM
80-84	20000 PM
85-89	22500 AM
85-89	22500 PM
90-94	25000 AM
90-94	25000 PM
95-99	27500 AM
95-99	27500 PM
100-104	30000 AM
100-104	30000 PM
105-109	32500 AM
105-109	32500 PM
110-114	35000 AM
110-114	35000 PM
115-119	37500 AM
115-119	37500 PM
120-124	40000 AM
120-124	40000 PM
125-129	42500 AM
125-129	42500 PM
130-134	45000 AM
130-134	45000 PM
135-139	47500 AM
135-139	47500 PM
140-144	50000 AM
140-144	50000 PM
145-149	52500 AM
145-149	52500 PM
150-154	55000 AM
150-154	55000 PM
155-159	57500 AM
155-159	57500 PM
160-164	60000 AM
160-164	60000 PM
165-169	62500 AM
165-169	62500 PM
170-174	65000 AM
170-174	65000 PM
175-179	67500 AM
175-179	67500 PM
180-184	70000 AM
180-184	70000 PM
185-189	72500 AM
185-189	72500 PM
190-194	75000 AM
190-194	75000 PM
195-199	77500 AM
195-199	77500 PM
200-204	80000 AM
200-204	80000 PM
205-209	82500 AM
205-209	82500 PM
210-214	85000 AM
210-214	85000 PM
215-219	87500 AM
215-219	87500 PM
220-224	90000 AM
220-224	90000 PM
225-229	92500 AM
225-229	92500 PM
230-234	95000 AM
230-234	95000 PM
235-239	97500 AM
235-239	97500 PM
240-244	100000 AM
240-244	100000 PM
245-249	102500 AM
245-249	102500 PM
250-254	105000 AM
250-254	105000 PM
255-259	107500 AM
255-259	107500 PM
260-264	110000 AM
260-264	110000 PM
265-269	112500 AM
265-269	112500 PM
270-274	115000 AM
270-274	115000 PM
275-279	117500 AM
275-279	117500 PM
280-284	120000 AM
280-284	120000 PM
285-289	122500 AM
285-289	122500 PM
290-294	125000 AM
290-294	125000 PM
295-299	127500 AM
295-299	127500 PM
300-304	130000 AM
300-304	130000 PM
305-309	132500 AM
305-309	132500 PM
310-314	135000 AM
310-314	135000 PM
315-319	137500 AM
315-319	137500 PM
320-324	140000 AM
320-324	140000 PM
325-329	142500 AM
325-329	142500 PM
330-334	145000 AM
330-334	145000 PM
335-339	147500 AM
335-339	147500 PM
340-344	150000 AM
340-344	150000 PM
345-349	152500 AM
345-349	152500 PM
350-354	155000 AM
350-354	155000 PM
355-359	157500 AM
355-359	157500 PM
360-364	160000 AM
360-364	160000 PM
365-369	162500 AM
365-369	162500 PM
370-374	165000 AM
370-374	165000 PM
375-379	167500 AM
375-379	167500 PM
380-384	170000 AM
380-384	170000 PM
385-389	172500 AM
385-389	172500 PM
390-394	175000 AM
390-394	175000 PM
395-399	177500 AM
395-399	177500 PM
400-404	180000 AM
400-404	180000 PM
405-409	182500 AM
405-409	182500 PM
410-414	185000 AM
410-414	185000 PM
415-419	187500 AM
415-419	187500 PM
420-424	190000 AM
420-424	190000 PM
425-429	192500 AM
425-429	192500 PM
430-434	195000 AM
430-434	195000 PM
435-439	197500 AM
435-439	197500 PM
440-444	200000 AM
440-444	200000 PM
445-449	202500 AM
445-449	202500 PM
450-454	205000 AM
450-454	205000 PM
455-459	207500 AM
455-459	207500 PM
460-464	210000 AM
460-464	210000 PM
465-469	212500 AM
465-469	212500 PM
470-474	215000 AM
470-474	215000 PM
475-479	217500 AM
475-479	217500 PM
480-484	220000 AM
480-484	220000 PM
485-489	222500 AM
485-489	222500 PM
490-494	225000 AM
490-494	225000 PM
495-499	227500 AM
495-499	227500 PM
500-504	230000 AM
500-504	230000 PM
505-509	232500 AM
505-509	232500 PM
510-514	235000 AM
510-514	235000 PM
515-519	237500 AM
515-519	237500 PM
520-524	240000 AM
520-524	240000 PM
525-529	242500 AM
525-529	242500 PM
530-534	245000 AM
530-534	245000 PM
535-539	247500 AM
535-539	247500 PM
540-544	250000 AM
540-544	250000 PM
545-549	252500 AM
545-549	252500 PM
550-554	255000 AM
550-554	255000 PM
555-559	257500 AM
555-559	257500 PM
560-564	260000 AM
560-564	260000 PM
565-569	262500 AM
565-569	262500 PM
570-574	265000 AM
570-574	265000 PM
575-579	267500 AM
575-579	267500 PM
580-584	270000 AM
580-584	270000 PM
585-589	272500 AM
585-589	272500 PM
590-594	275000 AM
590-594	275000 PM
595-599	277500 AM
595-599	277500 PM
600-604	280000 AM
600-604	280000 PM
605-609	282500 AM
605-609	282500 PM
610-614	285000 AM
610-614	285000 PM
615-619	287500 AM
615-619	287500 PM
620-624	290000 AM
620-624	290000 PM
625-629	292500 AM
625-629	292500 PM
630-634	295000 AM
630-634	295000 PM
635-639	297500 AM
635-639	297500 PM
640-644	300000 AM
640-644	300000 PM
645-649	302500 AM
645-649	302500 PM
650-654	305000 AM
650-654	305000 PM
655-659	307500 AM
655-659	307500 PM
660-664	310000 AM
660-664	310000 PM
665-669	312500 AM
665-669	312500 PM
670-674	315000 AM
670-674	315000 PM
675-679	317500 AM
675-679	317500 PM
680-684	320000 AM
680-684	320000 PM
685-689	322500 AM
685-689	322500 PM
690-694	325000 AM
690-694	325000 PM
695-699	327500 AM
695-699	327500 PM
700-704	330000 AM
700-704	330000 PM
705-709	332500 AM
705-709	332500 PM
710-714	335000 AM
710-714	335000 PM
715-719	337500 AM
715-719	337500 PM
720-724	340000 AM
720-724	340000 PM
725-729	342500 AM
725-729	342500 PM
730-734	345000 AM
730-734	345000 PM
735-739	347500 AM
735-739	347500 PM
740-744	350000 AM
740-744	350000 PM
745-749	352500 AM
745-749	352500 PM
750-754	355000 AM
750-754	355000 PM
755-759	357500 AM
755-759	357500 PM
760-764	360000 AM
760-764	360000 PM
765-769	362500 AM
765-769	362500 PM
770-774	365000 AM
770-774	365000 PM
775-779	367500 AM
775-779	367500 PM
780-784	370000 AM
780-784	370000 PM
785-789	372500 AM
785-789	372500 PM
790-794	375000 AM
790-794	375000 PM
795-799	377500 AM
795-799	377500 PM
800-804	380000 AM
800-804	380000 PM
805-809	382500 AM
805-809	382500 PM
810-814	385000 AM
810-814	385000 PM
815-819	387500 AM
815-819	387500 PM
820-824	390000 AM
820-824	390000 PM
825-829	392500 AM
825-829	392500 PM
830-834	395000 AM
830-834	395000 PM
835-839	397500 AM
835-839	397500 PM
840-844	400000 AM
840-844	400000 PM
845-849	402500 AM
845-849	402500 PM
850-854	405000 AM
850-854	405000 PM
855-859	407500 AM
855-859	407500 PM
860-864	410000 AM
860-864	410000 PM
865-869	412500 AM
865-869	412500 PM
870-874	415000 AM
870-874	415000 PM
875-879	417500 AM
875-879	417500 PM
880-884	420000 AM
880-884	420000 PM
885-889	422500 AM
885-889	422500 PM
890-894	425000 AM
890-894	425000 PM
895-899	427500 AM
895-899	427500 PM
900-904	430000 AM
900-904	430000 PM
905-909	432500 AM
905-909	432500 PM
910-914	435000 AM
910-914	435000 PM
915-919	437500 AM
915-919	437500 PM
920-924	440000 AM
920-924	440000 PM
925-929	442500 AM
925-929	442500 PM
930-934	445000 AM
930-934	445000 PM
935-939	447500 AM
935-939	447500 PM
940-944	450000 AM
940-944	450000 PM
945-949	452500 AM
945-949	452500 PM
950-954	455000 AM
950-954	455000 PM
955-959	457500 AM
955-959	457500 PM
960-964	460000 AM
960-964	460000 PM
965-969	462500 AM
965-969	462500 PM
970-974	465000 AM
970-974	465000 PM
975-979	467500 AM
975-979	467500 PM
980-984	470000 AM
980-984	470000 PM
985-989	472500 AM
985-989	472500 PM
990-994	475000 AM
990-994	475000 PM
995-999	477500 AM
995-999	477500 PM
1000-1004	480000 AM
1000-1004	480000 PM
1005-1009	482500 AM
1005-1009	482500 PM
1010-1014	485000 AM
1010-1014	485000 PM
1015-1019	487500 AM
1015-1019	487500 PM
1020-1024	490000 AM
1020-1024	490000 PM
1025-1029	492500 AM
1025-1029	492500 PM
1030-1034	495000 AM
1030-1034	495000 PM
1035-1039	497500 AM
1035-1039	497500 PM
1040-1044	500000 AM</

Questionnaire (Test Patient) - New record

Is DVT likely?	Answer	Score
Undergoing active or palliative cancer treatment in last 6 months	<input type="radio"/> No <input type="radio"/> Yes	1
Leg paralysis, paresis or plaster immobilization within last 12/52	<input type="radio"/> No <input type="radio"/> Yes	1
Bedridden for more than 3 days or surgery under general or regional anaesthesia, in last 12/52	<input type="radio"/> No <input type="radio"/> Yes	1
Localised tenderness along deep venous system distribution	<input type="radio"/> No <input type="radio"/> Yes	1
Entire leg swollen	<input type="radio"/> No <input checked="" type="radio"/> Yes	1
Record calf circumference 10cm distal to tibial tuberosity before determining the next feature L <input type="text"/> cm R <input type="text"/> cm	<input type="radio"/> No <input type="radio"/> Yes	1
Affected calf larger than the other side by 3cm or more (see above)	<input type="radio"/> No <input type="radio"/> Yes	1
Pitting oedema (NB: tick only if found in symptomatic leg only)	<input type="radio"/> No <input checked="" type="radio"/> Yes	1
Collateral superficial veins (non varicose)	<input type="radio"/> No <input type="radio"/> Yes	1
Previously documented DVT	<input type="radio"/> No <input checked="" type="radio"/> Yes	1
Alternative diagnosis as likely or greater than that of DVT	<input type="radio"/> Yes <input type="radio"/> No	-2

Initial Assessment

active

Vitals:

Bloods:

Wells Score: **3 High** Is DVT likely? Yes as Wells score >1

DVT likely OR already

* ie on correct dose of low

OK

Cancel

Done

Local intranet

125%

LRI Emergency Department
Suspected leg DVT

Do not use if

- <16 years of age
- Known pregnancy or < 8d post-partum - see policy on SharePoint 'VTE in pregnancy'
- Features suggestive of PE
- T > 37.9°C (likely cellulitis)
- Features explicable by
 - Obvious acute injury
 - Insect bite / skin wound
 - Asymptomatic in last 72h

Disclaimer:
This is a clinical template; clinicians should always use judgment when managing individual patients

Version 4.6 - May 12

Patient details

Full name

DOB

Unit number

(use sticker if available)

1 Blood results

WBC	CRP
Hb	Na
Platelets	K
Albumin	Urea
Bili	Crea
AP	eGFR
ALT	D-Dimer
Glucose	INR

2 Anticoagulation

Contact haematology 'registrar' if history of HIT, hypersensitivity to heparin or DVT > 1000 units bolus then run infusion at 10 units/kg/h; target APTT ratio is 2.2-4.5

If aPTT < 20, work out CrCl (creatinine clearance) using LRI online calculator

> CrCl < 30: UFH IV

> CrCl > 30: Use SC Dalteparin as per 'red' table below

Otherwise find & tick correct SC Dalteparin dose in tables below

eGFR 20-29	kg	units
<40	2500	SC
40-45	5000	SC
46-50	5000	SC
51-55	5000	SC
56-60	5000	SC
61-65	5000	SC
66-70	5000	SC
71-75	5000	SC
76-80	5000	SC
81-85	5000	SC
86-90	5000	SC
91-95	5000	SC
96-100	5000	SC
101-105	5000	SC
106-110	5000	SC
111-115	5000	SC
116-120	5000	SC
121-125	5000	SC
126-130	5000	SC

eGFR > 29 WITH increased blood risk	kg	units
<40	2500	SC
40-45	5000	SC
46-50	5000	SC
51-55	5000	SC
56-60	5000	SC
61-65	5000	SC
66-70	5000	SC
71-75	5000	SC
76-80	5000	SC
81-85	5000	SC
86-90	5000	SC
91-95	5000	SC
96-100	5000	SC
101-105	5000	SC
106-110	5000	SC
111-115	5000	SC
116-120	5000	SC
121-125	5000	SC
126-130	5000	SC

eGFR > 29 WITHOUT increased blood risk	kg	units
<40	5000	SC
40-45	5000	SC
46-50	5000	SC
51-55	5000	SC
56-60	5000	SC
61-65	5000	SC
66-70	5000	SC
71-75	5000	SC
76-80	5000	SC
81-85	5000	SC
86-90	5000	SC
91-95	5000	SC
96-100	5000	SC
101-105	5000	SC
106-110	5000	SC
111-115	5000	SC
116-120	5000	SC
121-125	5000	SC
126-130	5000	SC

Flowchart:

Record vitals & weight below and do bloods listed in box 1

DVT likely (complete box 2) OR already anticoagulated?
 Yes: D-Dimer result not relevant at this stage
 No: D-Dimer > 0.5?
 Yes: Compression US scan within 24 (ideally 4) h
 No: Is patient attending in working hours?
 Yes: Try to arrange scan (DVT clinic on 5972; OR radiologist on 6068)
 No: Scan possible within 48h?
 Yes: Admit to EDU while scan awaited
 No: Scan shows DVT?
 Yes: Full leg scanned?
 Yes: DVT likely AND EITHER D-Dimer > 0.5 OR already anticoagulated?
 Yes: Admission needed (complete box 3)?
 Yes: Will DVT clinic be open tomorrow?
 Yes: Prescribe Dalteparin SC TID for 5 days; train patient to self-administer STAT dose
 No: Give Dalteparin SC STAT

As you go through flowchart, tick the YES or NO boxes to document your progression

Is on correct dose of low molecular weight heparin or oral anticoagulant with INR in therapeutic range

Weight: kg

Vital signs: Temp, SpO₂, % in air, Resp rate, Heart rate, BP, mmo Hg

3 Is DVT likely?

Tick any applicable 'Wells' criteria below and record total score at the bottom

Undergoing active or palliative cancer treatment in last 6/12: 1

Leg paralysis, paresis or plaster immobilization within last 12/52: 1

Bedridden > 3 days, or surgery under general or regional anaesthesia, in last 12/52: 1

Localised tenderness along deep venous system distribution: 1

Entire leg swollen: 1

Record calf circumference 20cm distal to tibial tuberosity before determining the next feature

L: cm R: cm

Affected calf larger than the other side by 3cm or more (see above): 1

Pitting oedema (NB: tick only if found in asymptomatic leg only): 1

Collateral (non-varicose) superficial veins: 1

Previously documented DVT: 1

Alternative at least as likely as DVT: -2

Yes - as 'Wells score' > 1
 No - as 'Wells score' < 2

4 Is admission needed?

YES - as at least one of the below

Life or limb-threatening DVT features

NB: DVTs with no need surgical registrar

Phlegmasia cerulea dolens (blue leg due to extensive venous occlusion)

Phlegmasia alba dolens (white leg due to arterial spasm 2° to DVT)

Thrombus extending despite adequate anticoagulation (NB: only applicable if known DVT and patient had DUS today)

Increased bleeding risk

On treatment for acute bacterial endocarditis

Any active bleeding

Stroke within last 2/12

Active gastric or duodenal ulceration

Angiodysplasia

Known clotting disorder

Platelet count < 50,000

INR > 2 due to e.g. liver disease

INR > 3 and already on oral anticoagulant

Diabetic retinopathy

Intracranial haematomas in last 4/52

Cerebral aneurysm

Neuro- or ophthalmic surgery in last 4/52

Systolic BP > 160 or diastolic BP > 110

Heparen contraindications

Hypersensitivity to any heparin product

History of heparin-induced thrombocytopenia

General factors

Patient unstable / other reason for admission

aGFR < 30 or on haemodialysis (EDU)

MUST required to transfer (EDU)

Unable to mobilise safely (EDU)

Unable to arrange return to DVT clinic (EDU)

Lacks capacity to follow instructions (EDU)

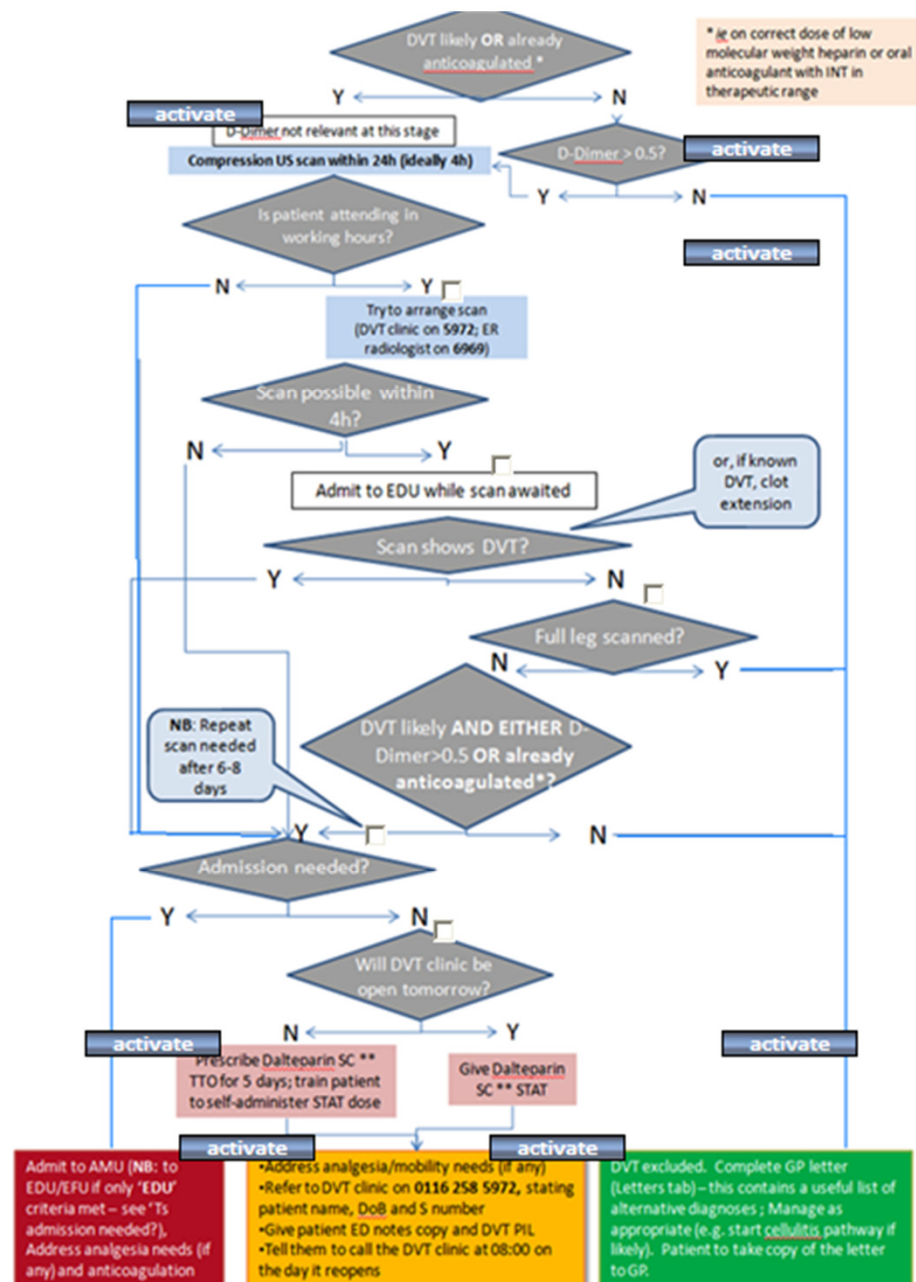
Direct nurse needed to give LMWH (EDU)

Patient (AND carer, if any) unable to understand management instructions

NO - as none of the above

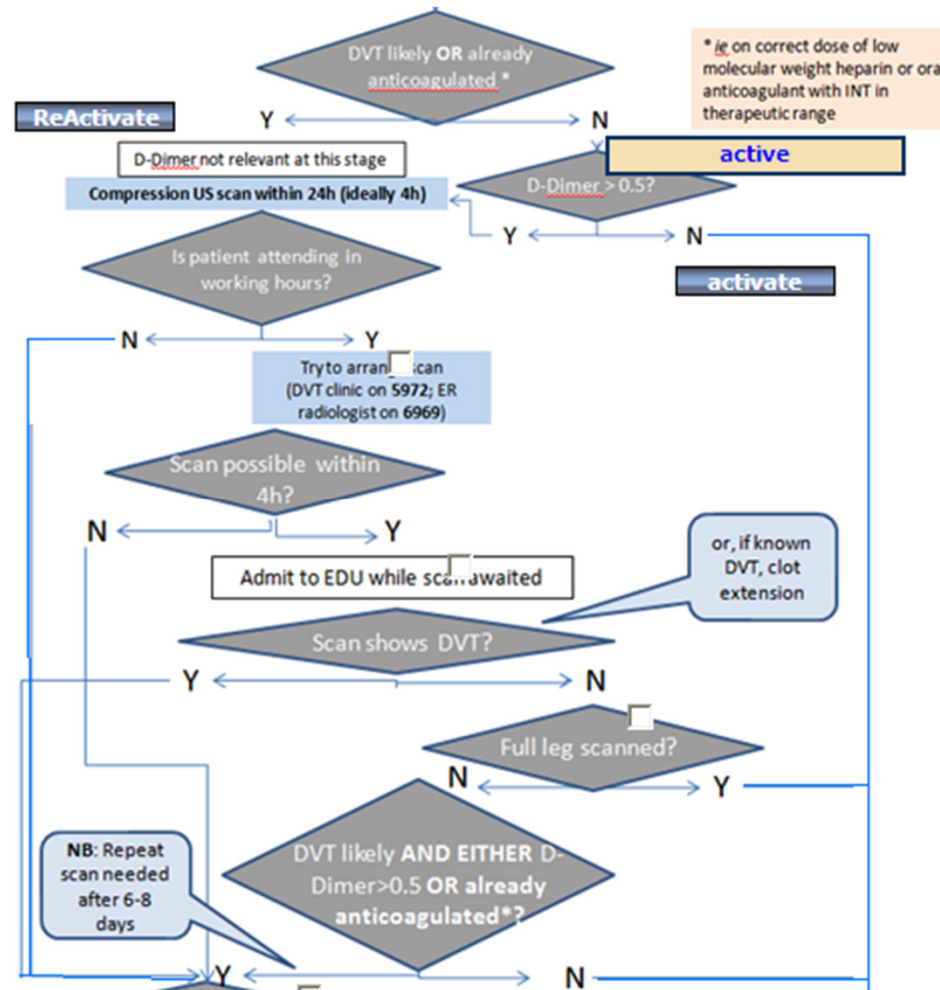
This assessment was carried out by

Print name Signature Position Date Time completed





DAWN CLINICAL FRAMEWORK





DAWN CLINICAL FRAMEWORK

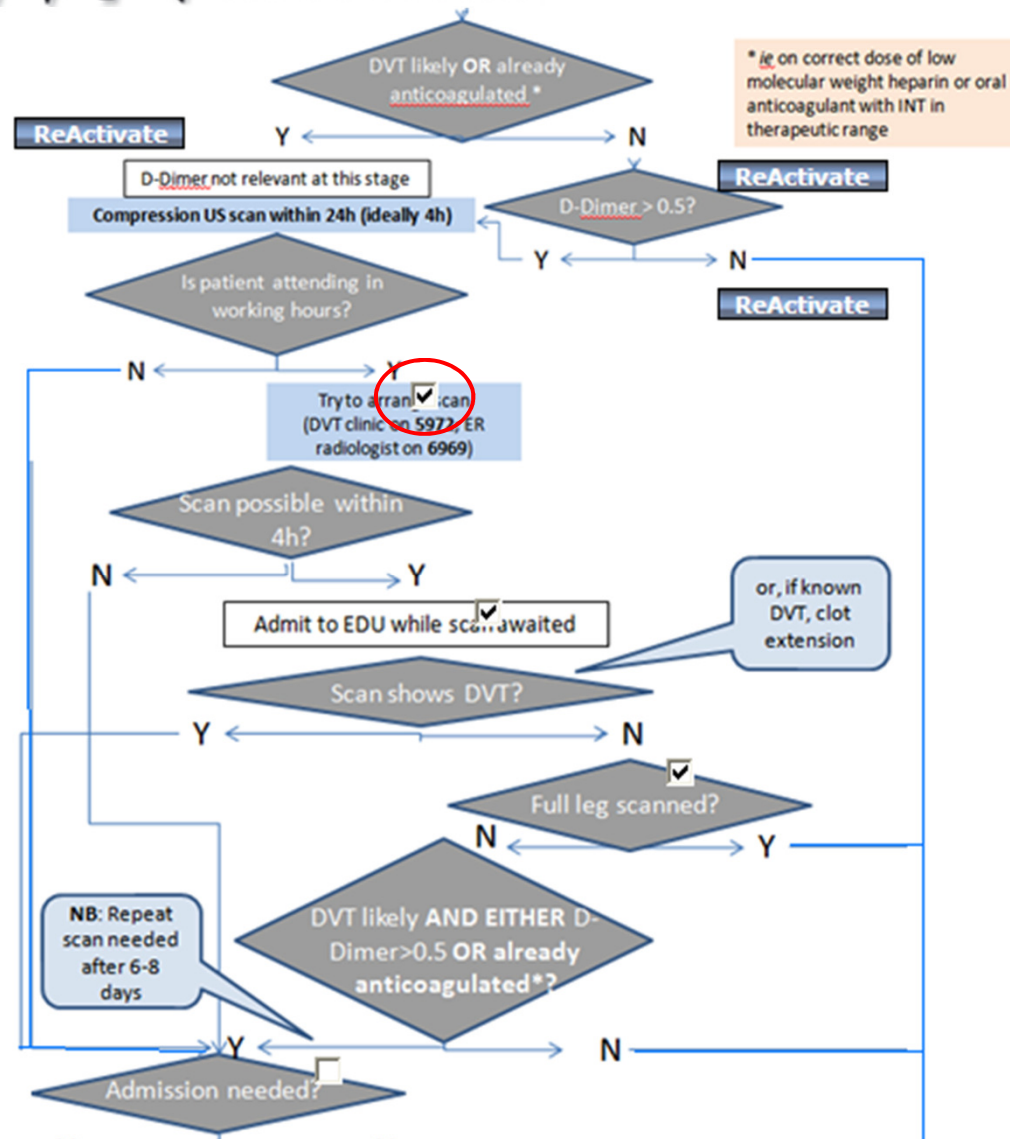
Smith, Lisa - 90089

Risk class	High
Pref. clinic	USS clinic (Dethick Court)
Phone	- home
Age	
Diagnosis	
Start date	03/10/2012 - Indefinite
Therapy	DVT Assessment - DVT Assessment Path B (D-Dimer - Mod Wells Score)
Ref. Range	(None selected)
Treatment Plan	1 of 1 active
Risks	

Interventions		Contacts	Letters	Drugs	Events	Procedures	Re
Therapy: DVT Assessment, Phase: Path B (D-Dimer - Mod Wells Score)							
Due by:		03/10/2012	Type:	(None selected)			
D-Dimer	(None selected)						
D-Dimer Value							
BP systolic							
Pulse							
Temperature							
Oxygen Saturation							
Weight							
Affected Leg (L R)							
Unaffected Leg (L R)							

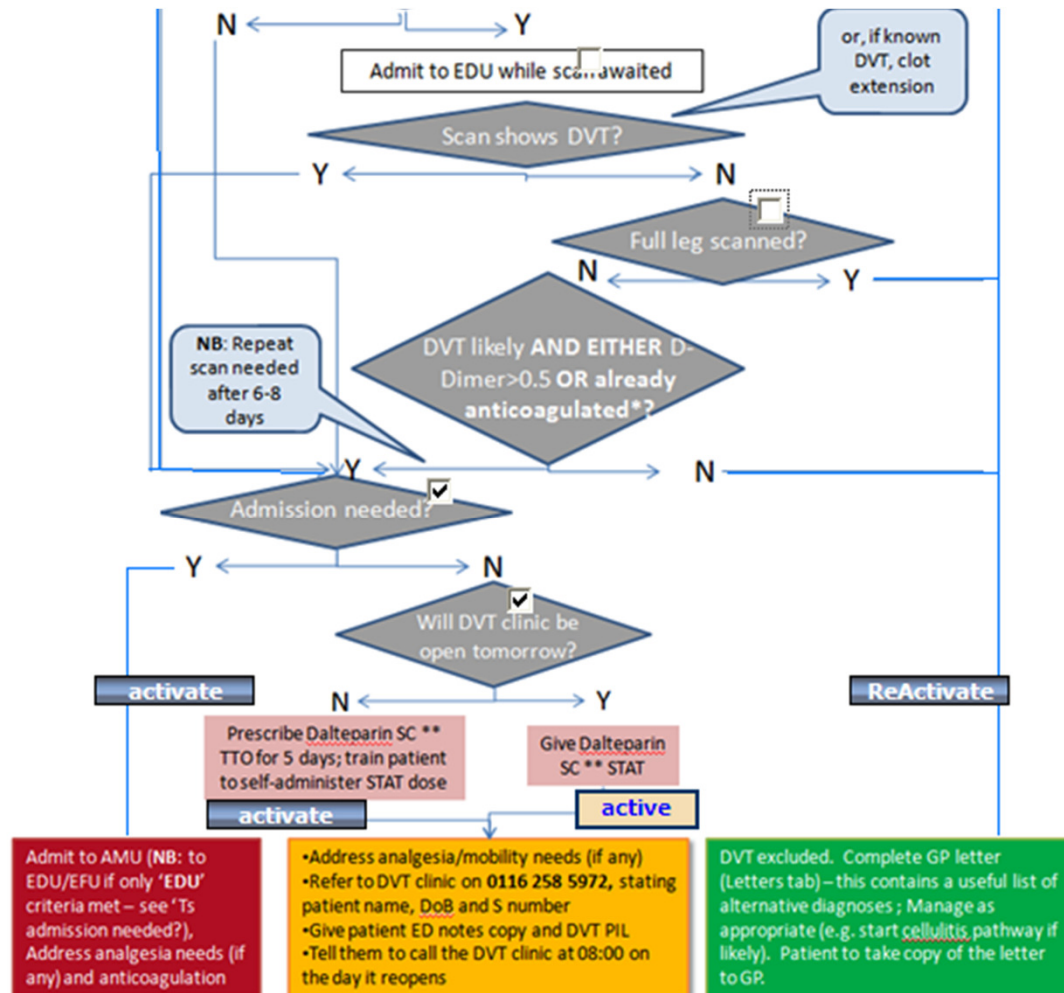


DAWN CLINICAL FRAMEWORK





DAWN CLINICAL FRAMEWORK



Smith, Jason - 6786785

Risk class High

Pref. clinic (None selected)

Phone - home

Age

Diagnosis

Start date 28/09/2012 - Indefinite

Therapy DVT Assessment - DVT Assessment
DVT excluded (Path G)

Ref. Range (None selected)

Treatment Plan 1 of 1 active

Risks

Interventions Contacts Letters Drugs Events Procedures Reviews Reminders Groups Documents

Therapy: DVT Assessment, Phase: DVT excluded (Path G)

Phase time: 7 d/1 d Phase Visit#: 1/1

Due by: 28/09/2012 Type: (None selected)

Scheduled

DNA Close Reschedule

Diary Note Review Referral

(None selected)

Next date:

Use recommended: i

Set manually:

Normal interval: 1 day

WBC	
Haemoglobin	
Platelet count	
Albumin	
Bilirubins (total)	
Alkaline Phosphatase	
ALT	
CRP	
Glucose	

Graph History Personal Treatment plans Ad Hoc Questionnaires Test Results Interface Warnings

QuestionnaireType	Entry date	Summary
DVT Protocol LRI	28/09/2012	Moderate



What is the benefit?



Messaging

A screenshot of the DAWN Clinical Framework Messaging interface. The interface has a top navigation bar with tabs: Interventions, Contacts, Letters, Drugs, Events, Procedures, Reviews, Reminders, Groups, and Documents. The 'Letters' tab is selected and circled in red. Below the tabs, there are two dropdown menus: '- Select a Direct Print (Local printer) -' and '- Select a custom message to send -'. Below these, there is a table with two columns: 'Description' and 'CreationDate'. The table contains one row with the text 'Patient summary - lab results' and the date '05/10/2012 12:12'.

Description	CreationDate
Patient summary - lab results	05/10/2012 12:12

Automate the sending of email, faxes and letters.



List Views

The screenshot displays the DAWN Clinical Framework interface. On the left, a sidebar contains various filter dropdowns: 'With', 'All', '(All risk classes)', '(All diagnoses)', 'All', '(Any date)', '(All types)', '(All roles)', and '(All teams)'. A red circle highlights the 'New Patients Not Assessed' dropdown menu, which is expanded to show options: 'New Patients Not Assessed', 'Wells score not done', 'DVT Assessment not done', 'new results to review', 'out-of-range labs', 'partially completed results', and 'completed results'. The main panel shows the 'DVT Worklist' tab selected, with a filter applied: 'Filter With New Patients Not Assessed'. Below the filter, it states '4 records found.' and displays a table with patient data.

Time	Appointment	Hospital No	National No	Last name	First Name
10/03/2010	D71565		3599670758	Jenkins	Claire
10/03/2010	78678686			Timpson	Jon
18/03/2011	120-123-1234			Worth	Jon
03/10/2012	90089			Smith	Lisa

List view filters help to find patients in each state, eg, Not Assessed, Wells Score Not Completed, etc



Transfer Between DVT / AC

Graph	History	Personal	Treatment plans	Questionnaires	Test Results	Interface Warnings
AC: Anticoagulation						
active						
Start date	07/10/2012 !					
Duration	12 wks. Due to stop: 30/12/2012					
Target range	2.0 - 3.0 (2.5 Target)					
Anticoagulant	Warfarin Mixed Tablets (in Mg / Daily Avg)					
Referring GP	18 DEBADALE HOUSE - Baker K U					
Consultant	HEALTHCARE GROUP - Parrish V F					
DVT: DVT Assessment						
stopped						
Start date	04/10/2012 !					
Duration	Treatment stopped - Stopped at: 07/10/2012 10:58					
Diagnosis	DVT OTHER CAUSE -					
TherapyTemplate	DVT Assessment					
Referring GP	18 DEBADALE HOUSE - Baker K U					
Consultant	HEALTHCARE GROUP - Godfrey V K					
Cessation Reason	DVT - Referred for Anticoag Therapy					

All DVT assessment information is still available.





Report Writer


DAWN CLINICAL FRAMEWORK 7.9


Fri 05/10/2012
Version 7.9.23 (1287)


DVT Assessment


**Patient view**
Add, edit or dose a patient

**List view / Daily routines**
Attendance and non-attendance

**Diary**
Consult the diary

**Message center**
Manage messages and pass messages by phone


**Reports**
Custom reports

**Settings**
Modify your personal settings

Current location for printing
Select a location ▼

Database name	Database size	Last Database backup	Log size (MB)
DawnNottinghamDVT	23 MB	Sep 25 2012	23.5625

Patient Licenses	Active Patients	Unused Licenses
5000	6	4994

**DAWN Conditions Of Use**

By logging on to this system you have been deemed to have accepted the following warnings and conditions of use:

- Inadequate checking of Dose and Next Test Date instructions could lead to severe injury and death.
- Check that all therapy instructions are appropriate before instructing a patient.
- Check that you have a procedure in place to ensure rigorous follow up of non attendees and ensure that all patients have a next test date.
- Interruptions to the operations of the software, e.g. Power failure, switching off, can lead to data corruption. This could lead to severe injury or death. Following any such interruption to operation, increase checking vigilance.
- Read the Safety Section in the User Manual.
- Ensure backup of your database using a multiple copy schedule.
- Inform 4S DAWN Clinical Software immediately if you notice any anomalies within the data or experience anything within the system that appears not to be correct or not working correctly.
- Keep yourself informed of any safety notices issued by 4S DAWN Clinical Software by checking the webpage www.4s-dawn.com/DAWNSafetyNotices.htm at least weekly.
- Ensure that you have been adequately trained in the use of the software.
- By using this software the user is bound by the terms of the Software Licence and Maintenance agreement and Customer Obligations document.

Report on Statistics and Key Performance Indicators