DAWN CLINICAL FRAMEWORK

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.

DAWN CLINICAL FRAMEWORK

Four Areas of Functionality:

- Disease Areas
- Therapy Template
- Questionnaires
- Interventions

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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**

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

Created by Martin Wiese and Sam Strong

Version 46 - May 12

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Blood results

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

Anticoagulation

- Contact haematology 'registrar' 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 UHL 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

eGFR 20-29

kg	units
<46	2500 BD
46-62	5000 AM 2500 PM
63-80	5000 BD
81-98	7500 AM 5000 PM
99-116	7500 BD
117-134	10000 AM 7500 PM
>134	10000 BD

eGFR >29 WITH increased bleed risk

kg	units
<40	2500 BD
40-45	5000 AM 2500 PM
46-56	5000 BD
57-68	7500 AM 5000 PM
69-82	7500 BD
83-99	10000 AM 7500 PM
100-124	10000 BD
>124	12500 BD

eGFR >29 WITHOUT increased bleed risk

kg	units
<40	5000 OD
40-45	7500 OD
46-56	10000 OD
57-68	12500 OD
69-82	15000 OD
83-99	18000 OD
100-124	10000 BD
>124	12500 BD

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* ?

*i.e. on correct dose of low molecular weight heparin or oral anticoagulant with INR in therapeutic range

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**; ER radiologist on **6969**)

Scan possible within 4h?

Admit to EDU while scan awaited

or, if known DVT, clot extension

Scan shows DVT?

Full leg scanned?

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

NB: Repeat scan needed after 6-8 days

Admission needed (complete box 3)?

Will DVT clinic be open tomorrow?

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

Give Dalteparin SC STAT ●

Admit to AMU (NB: to EDU/DTU if only **EDU/DTU** criteria met - box 3). 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 on reverse; this contains a useful list of alternative diagnoses. Manage as appropriate (e.g. start cellulitis pathway if likely). Patient to take copy of the letter to GP.

Weight

kg

Vital signs

Temp

°C

SpO_2

% 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 10cm 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 symptomatic 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

③ 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 CUS 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 <80,000 ☐
- INR >2 due to e.g. liver disease ☐
- INR >3 and already on oral anticoagulant ☐
- Diabetic retinopathy ☐
- Intracranial haematoma in last 4/52 ☐
- Cerebral neoplasm ☐
- Neuro- or ophthalmic surgery in last 4/52 ☐
- Systolic BP >180 or diastolic BP >110 ☐

Heparin contraindications

- Hypersensitivity to any heparin product ☐
- History of heparin-induced thrombocytopenia ☐

General factors

- Patient unstable / other reason for admission ☐
- eGFR <20 or on haemodialysis ☐
- Hoist required to transfer (EDU) ☐
- Unable to mobilise safely (EDU) ☐
- Unable to arrange return to DVT clinic (EDU) ☐
- Lacks capacity to follow instructions (EDU) ☐
- District 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

Disease Areas

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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%

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

Close all tabs | System menu | Patient search

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Close all tabs | System menu | Patient search

Patient

DAWN CLINICAL FRAMEWORK 7.9

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: -All-

Dateofbirth: | DoD: | Language: | Status: -All-

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

Up | Down | New | Save | Details | Print

1 - 20 / 701

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DAWN CLINICAL FRAMEWORK 7.9

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)
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)
Primary language	(None selected)
Home phone	
Mobile phone	
Work phone	
Fax number	
Email address	
Messaging method	Mail
Risk class	High

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

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DAWN CLINICAL FRAMEWORK 7.9

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
Primary diagnosis	- Suspected DVT
Therapy template	DVT Assessment - DVT Assessm
Reference range	(None selected)
Select active phase	Assessment
Start date	04/10/2012
Duration	Weeks Days
Preferred clinic	(None selected)
Preferred time	From To
Next visit date	
Next visit type	(None selected)
Laboratory	(None selected)

Referral

Date of referral	
Referring GP	(None selected)
Consultant	(None selected)
Notes	

Transport

Transport needs	(None selected)
Notes	

- (●) 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%

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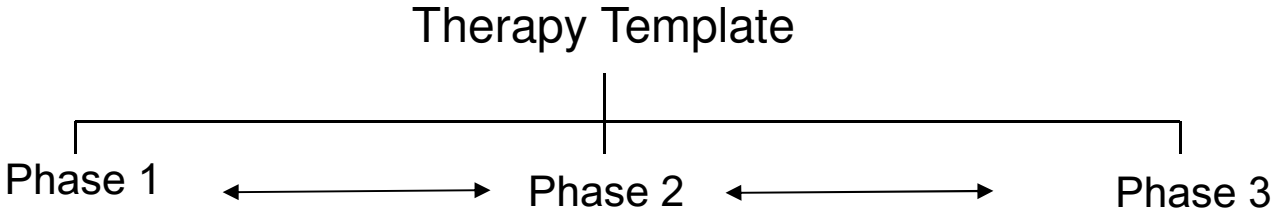
DAWN CLINICAL FRAMEWORK

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)**

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

Created by Martin Wiese and Sam Strong

Version 46 - 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 haematology 'registrar' 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 UHL online calculator
  - >CrCl <2: UFH IV
  - >CrCl >1: Use SC Dalteparin as per 'red' table below
- Otherwise find & tick correct SC Dalteparin dose in tables below

eGFR 0-29 kg	units
<4	2500 BD
46-6	5000 AM 2500 PM
63-8	5000 BD
81-9	7500 AM 5000 PM
99-11	7500 BD
117-13	10000 AM 7500 PM
>13	10000 BD

eGFR >30 WITH increased bleed risk	
<4	2500 BD
40-4	5000 AM 2500 PM
46-5	5000 BD
57-6	7500 AM 5000 PM
69-8	7500 BD
83-9	10000 AM 7500 PM
100-12	10000 BD
>12	12500 BD

eGFR >29 WITHOUT increased bleed risk	
<4	5000 OD
40-4	7500 OD
46-5	10000 OD
57-6	12500 OD
69-8	15000 OD
83-9	18000 OD
100-12	10000 BD
>12	12500 BD

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* ?

*i.e. on correct dose of low molecular weight heparin or oral anticoagulant with INR in therapeutic range

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**; ER radiologist on **6969**)

Scan possible within 4h?

Admit to EDU while scan awaited

or, if known DVT, clot extension

Scan shows DVT?

Full leg scanned?

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

NB: Repeat scan needed after 6-8 days

Admission needed (complete box 3)?

Will DVT clinic be open tomorrow?

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

Give Dalteparin SC STAT ●

Admit to AMU (NB: to EDU/DTU if only **EDU** criteria met - box 3). 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 on reverse; this contains a useful list of alternative diagnoses. Manage as appropriate (e.g. start cellulitis pathway if likely). Patient to take copy of the letter to GP.

Weight

kg

Vital signs

Temp

°C

SpO_2

% 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 10cm 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 symptomatic 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

③ 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 CUS 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 <80,000 ☐
- INR >2 due to e.g. liver disease ☐
- INR >3 and already on oral anticoagulant ☐
- Diabetic retinopathy ☐
- Intracranial haematoma in last 4/52 ☐
- Cerebral neoplasm ☐
- Neuro- or ophthalmic surgery in last 4/52 ☐
- Systolic BP >180 or diastolic BP >110 ☐

Heparin contraindications

- Hypersensitivity to any heparin product ☐
- History of heparin-induced thrombocytopenia ☐

General factors

- Patient unstable / other reason for admission ☐
- eGFR <20 or on haemodialysis ☐
- Hoist required to transfer (EDU) ☐
- Unable to mobilise safely (EDU) ☐
- Unable to arrange return to DVT clinic (EDU) ☐
- Lacks capacity to follow instructions (EDU) ☐
- District 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

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DAWN CLINICAL FRAMEWORK 7.9

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
Primary diagnosis	- Suspected DVT
Therapy template	DVT Assessment - DVT Assessm
Reference range	(None selected)
Select active phase	Assessment
Start date	04/10/2012
Duration	Weeks Days
Preferred clinic	(None selected)
Preferred time	From To
Next visit date	
Next visit type	(None selected)
Laboratory	(None selected)

Referral

Date of referral	
Referring GP	(None selected)
Consultant	(None selected)
Notes	

Transport

Transport needs	(None selected)
Notes	

- (●) Set the status of the TreatmentPlan to Active (Requires a TherapyTemplate, Active Phase and StartDate)
- ( ) Decide later

< Previous step | Finish | Cancel | Next step >

Save

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

Patient

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)

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

Scheduled

DNA | Close | Reschedule

Diary | Note | Review | Referral

(None selected)

Next date:

Use recommended:

Set manually:

Normal interval: 1 day

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%

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Version 46 - May 12

Patient details

Full name

DoB

Unit number

(use sticker if available)

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Glucose		INR	

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 10cm 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 symptomatic 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

③ 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 CUS 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 <80,000
- ☐ INR >2 due to e.g. liver disease
- ☐ INR >3 and already on oral anticoagulant
- ☐ Diabetic retinopathy
- ☐ Intracranial haematoma in last 4/52
- ☐ Cerebral neoplasm
- ☐ Neuro- or ophthalmic surgery in last 4/52
- ☐ Systolic BP >180 or diastolic BP >110

Heparin contraindications

- ☐ Hypersensitivity to any heparin product
- ☐ History of heparin-induced thrombocytopenia

General factors

- ☐ Patient unstable / other reason for admission
- ☐ eGFR <20 or on haemodialysis
- ☐ Moist required to transfer (EDU)
- ☐ Unable to mobilise safely (EDU)
- ☐ Unable to arrange return to DVT clinic (EDU)
- ☐ Lacks capacity to follow instructions (EDU)
- ☐ District nurse needed to give LMWH (EDU)
- ☐ Patient (AND carer, if any) unable to understand management instructions

☐ **NO** – as none of the above

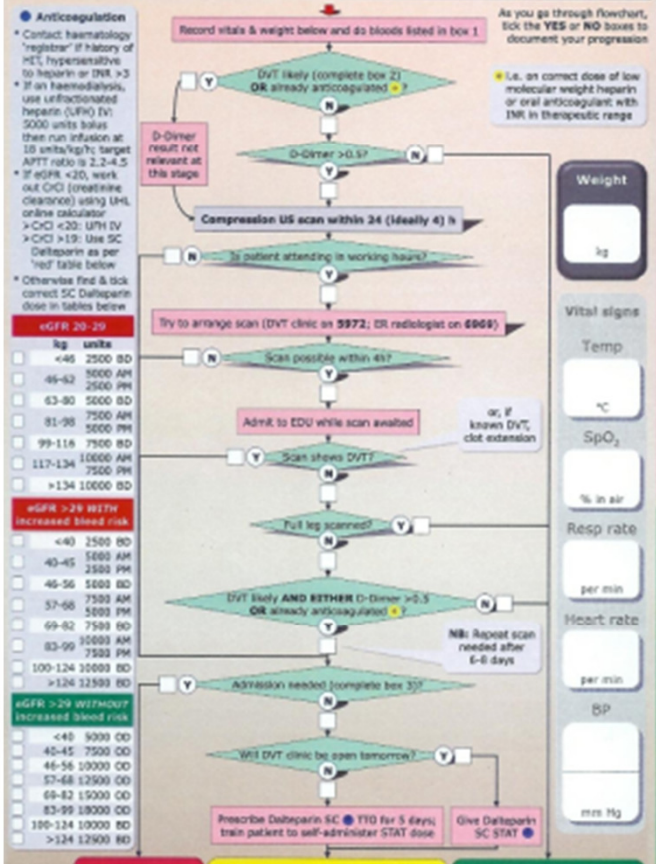
Anticoagulation

- Contact haematology 'registrar' 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 UHL 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

eGFR 20-29 kg	units
<46	2500 BD
46-62	5000 AM 2500 PM
63-80	5000 BD
81-98	7500 AM 5000 PM
99-116	7500 BD
117-134	10000 AM 7500 PM
>134	10000 BD

eGFR >29 WITH increased bleed risk	
<40	2500 BD
40-45	5000 AM 2500 PM
46-56	5000 BD
57-68	7500 AM 5000 PM
69-82	7500 BD
83-99	10000 AM 7500 PM
100-124	10000 BD
>124	12500 BD

eGFR >29 WITHOUT increased bleed risk	
<40	9000 OD
40-45	7500 OD
46-56	10000 OD
57-68	12500 OD
69-82	15000 OD
83-99	18000 OD
100-124	10000 BD
>124	12500 BD



Admit to AMU (NB: to EDU/DTU if only EDU criteria met - box 3). 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 on reverse; this contains a useful list of alternative diagnoses. Manage as appropriate (e.g. start cellulitis pathway if likely). Patient to take copy of the letter to GP.

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

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)

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

Scheduled

DNA | Close | Reschedule

Diary | Note | Review | Referral

(None selected)

Next date:

Use recommended:

Set manually:

Normal interval: 1 day

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	
Dateofbirth	
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

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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**

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

Created by Monika Wiese and Ivan Zhang

Version 4b - May 12

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Blood results

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

Anticoagulation

- Contact haematology 'registrar' 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/hr target APTT ratio is 2.2-4.5
- If eGFR <20, work out CrCl (creatinine clearance) using UHL 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

eGFR 20-29

kg	units
<46	2500 BD
46-62	5000 AM 2500 PM
63-80	5000 BD
81-98	7500 AM 5000 PM
99-116	7500 BD
117-134	10000 AM 7500 PM
>134	10000 BD

eGFR >29 WITH increased bleed risk

kg	units
<40	2500 BD
40-45	5000 AM 2500 PM
46-56	5000 BD
57-68	7500 AM 5000 PM
69-82	7500 BD
83-99	10000 AM 7500 PM
100-124	10000 BD
>124	12500 BD

eGFR >29 WITHOUT increased bleed risk

kg	units
<40	5000 OD
40-45	7500 OD
46-56	10000 OD
57-68	12500 OD
69-82	15000 OD
83-99	18000 OD
100-124	10000 BD
>124	12500 BD

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

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

DVT likely (complete box 2) **OR** already anticoagulated + ?

- i.e. on correct dose of low molecular weight heparin or oral anticoagulant with INR in therapeutic range

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**; ER radiologist on **6969**)

Scan possible within 4h?

Admit to EDU while scan awaited

or, if known DVT, clot extension

Scan shows DVT?

Full leg scanned?

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

NB: Repeat scan needed after 6-8 days

Admission needed (complete box 3)?

Will DVT clinic be open tomorrow?

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

Give Dalteparin SC STAT ●

Admit to APU (NB: to EDU/OTF if only **EDOF** criteria met) - box 3). Address analgesia needs (if any) - not anticoagulation ●.

- Address analgesia/mobility needs (if any)
- Refer to DVT clinic on **0116 258 5972**, stating patient name, DoB and 5 number
- Give patient ED notes copy and DVT FTL
- Tell them to call the DVT clinic at 08:00 on the day it reopens

DVT excluded. Complete GP letter on reverse; this contains a useful list of alternative diagnoses. Manage as appropriate (e.g. start cellulitis pathway if tachy). Patient to take copy of the letter to GP.

Weight

kg

Vital signs

Temp

°C

SpO_2

% 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 10cm 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 symptomatic 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

③ 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 CUS 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 <80,000 ☐
- INR >2 due to e.g. liver disease ☐
- INR >3 and already on oral anticoagulant ☐
- Diabetic retinopathy ☐
- Intracranial haematoma in last 4/52 ☐
- Cerebral neoplasm ☐
- Neuro- or ophthalmic surgery in last 4/52 ☐
- Systolic BP >180 or diastolic BP >110 ☐

Heparin contraindications

- Hypersensitivity to any heparin product ☐
- History of heparin-induced thrombocytopenia ☐

General factors

- Patient unstable / other reason for admission ☐
- eGFR <30 or on haemodialysis ☐
- Hoist required to transfer (EDU) ☐
- Unable to mobilise safely (EDU) ☐
- Unable to arrange return to DVT clinic (EDU) ☐
- Lacks capacity to follow instructions (EDU) ☐
- District 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

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

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

List view | Patient

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)

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

Scheduled: DNA | Close | Reschedule

Diary | Note | Review | Referral

(None selected)

Next date:
Use recommended:
Set manually:

Normal interval: 1 day

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	
Dateofbirth	
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

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DAWN CLINICAL FRAMEWORK

Interventions

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

Due by: 10/10/2011 Type: Assessment

BP diastolic	
BP systolic	
Pulse	
Temperature	
Oxygen Saturation	
Weight	
Affected Leg (L R)	
Unaffected Leg (L R)	
Last menstrual period	

Partially completed results

Close Reset

Diary Note Review Referral

(None selected)

Next date:

Use recommended:

Set manually:

Normal interval: 1 day

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

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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**

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

Created by Martin Wyse and Sam Strong

Version 46 - May 12

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Blood results

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

Anticoagulation

- Contact haematology 'registrar' 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 UHL online calculator
  - >CrCl <2[illegible]: UFH IV
  - >CrCl >1[illegible]: Use SC Dalteparin as per 'red' table below
- Otherwise find & tick correct SC Dalteparin dose in tables below

eGFR 0-29 kg	units
<4[illegible]	2500 BD
46-6[illegible]	5000 AM 2500 PM
63-8[illegible]	5000 BD
81-9[illegible]	7500 AM 5000 PM
99-11[illegible]	7500 BD
117-13[illegible]	10000 AM 7500 PM
>13[illegible]	10000 BD

eGFR >[illegible] WITH increased bleed risk	
<4[illegible]	2500 BD
40-4[illegible]	5000 AM 2500 PM
46-5[illegible]	5000 BD
57-6[illegible]	7500 AM 5000 PM
69-8[illegible]	7500 BD
83-9[illegible]	10000 AM 7500 PM
100-12[illegible]	10000 BD
>12[illegible]	12500 BD

eGFR >29 WITHOUT increased bleed risk	
<4[illegible]	5000 OD
40-4[illegible]	7500 OD
46-5[illegible]	10000 OD
57-6[illegible]	12500 OD
69-8[illegible]	15000 OD
83-9[illegible]	18000 OD
100-12[illegible]	10000 BD
>12[illegible]	12500 BD

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* ?

*i.e. on correct dose of low molecular weight heparin or oral anticoagulant with INR in therapeutic range

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**; ER radiologist on **6969**)

Scan possible within 4h?

Admit to EDU while scan awaited

or, if known DVT, clot extension

Scan shows DVT?

Full leg scanned?

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

NB: Repeat scan needed after 6-8 days

Admission needed (complete box 3)?

Will DVT clinic be open tomorrow?

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

Give Dalteparin SC STAT ●

Admit to AMU (NB: to EDU/DTU if only **EDU** criteria met - box 3). 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 on reverse; this contains a useful list of alternative diagnoses. Manage as appropriate (e.g. start cellulitis pathway if likely). Patient to take copy of the letter to GP.

Weight

kg

Vital signs

Temp

°C

SpO_2

% 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 10cm 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 symptomatic 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

③ 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 CUS 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 <60,000 ☐
- INR >2 due to e.g. liver disease ☐
- INR >3 and already on oral anticoagulant ☐
- Diabetic retinopathy ☐
- Intracranial haematoma in last 4/52 ☐
- Cerebral neoplasm ☐
- Neuro- or ophthalmic surgery in last 4/52 ☐
- Systolic BP >180 or diastolic BP >110 ☐

Heparin contraindications

- Hypersensitivity to any heparin product ☐
- History of heparin-induced thrombocytopenia ☐

General factors

- Patient unstable / other reason for admission ☐
- eGFR <20 or on haemodialysis ☐
- Hoist required to transfer (EDU) ☐
- Unable to mobilise safely (EDU) ☐
- Unable to arrange return to DVT clinic (EDU) ☐
- Lacks capacity to follow instructions (EDU) ☐
- District 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

Questionnaires

Is DVT likely?	Answer	Score
Undergoing active or palliative cancer treatment in last 6 months	○ No | ○ Yes	1
Leg paralysis, paresis or plaster immbolization within last 12/52	○ No | ○ Yes	1
Bedridden for more than 3 days or surgery under general or regional anaesthesia, in last 12/52	○ No | ○ Yes	1
Localised tenderness along deep venous system distribution	○ No | ○ Yes	1
Entire leg swollen	○ No | ● Yes	1
Record calf circumference 10cm 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)	○ No | ○ Yes	1
Pitting oedema (**NB**: tick only if found in symptomatic leg only)	○ No | ● Yes	1
Collateral superficial veins (non varicose)	○ No | ○ Yes	1
Previously documented DVT	○ No | ● Yes	1
Alternative diagnosis as likely or greater than that of DVT	○ Yes | ○ No	-2

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

Patient

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)

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

Scheduled

DNA | Close | Reschedule

Diary | Note | Review | Referral

(None selected)

Next date:

Use recommended:

Set manually:

Normal interval: 1 day

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%

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

Patient

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)

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

Scheduled

DNA | Close | Reschedule

Diary | Note | Review | Referral

(None selected)

Next date:

Use recommended:

Set manually:

Normal interval: 1 day

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%

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DAWN CLINICAL FRAMEWORK 7.9

Questionnaire (Test Patient) - New record

Please select a QuestionnaireType for the table

Questionnaire

- Risk Assessment
- DVT Protocol
- Admission
- Wells Score

OK | Cancel | Up | Down

1 - 4 / 4

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DAWN CLINICAL FRAMEWORK

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 polcy 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**

Dislclaimer: 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	○ No | ○ Yes	1
Leg paralysis, paresis or plaster immbolization within last 12/52	○ No | ○ Yes	1
Bedridden for more than 3 days or surgery under general or regional anaesthesia, in last 12/52	○ No | ○ Yes	1
Localised tenderness along deep venous system distribution	○ No | ○ Yes	1
Entire leg swollen	○ No | ◉ Yes	1
Record calf circumference 10cm 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)	○ No | ○ Yes	1
Pitting oedema (**NB**: tick only if found in symptomatic leg only)	○ No | ◉ Yes	1
Collateral superficial veins (non varicose)	○ No | ○ Yes	1
Previously documented DVT	○ No | ◉ Yes	1
Alternative diagnosis as likely or greater than that of DVT	○ Yes | ○ No	-2

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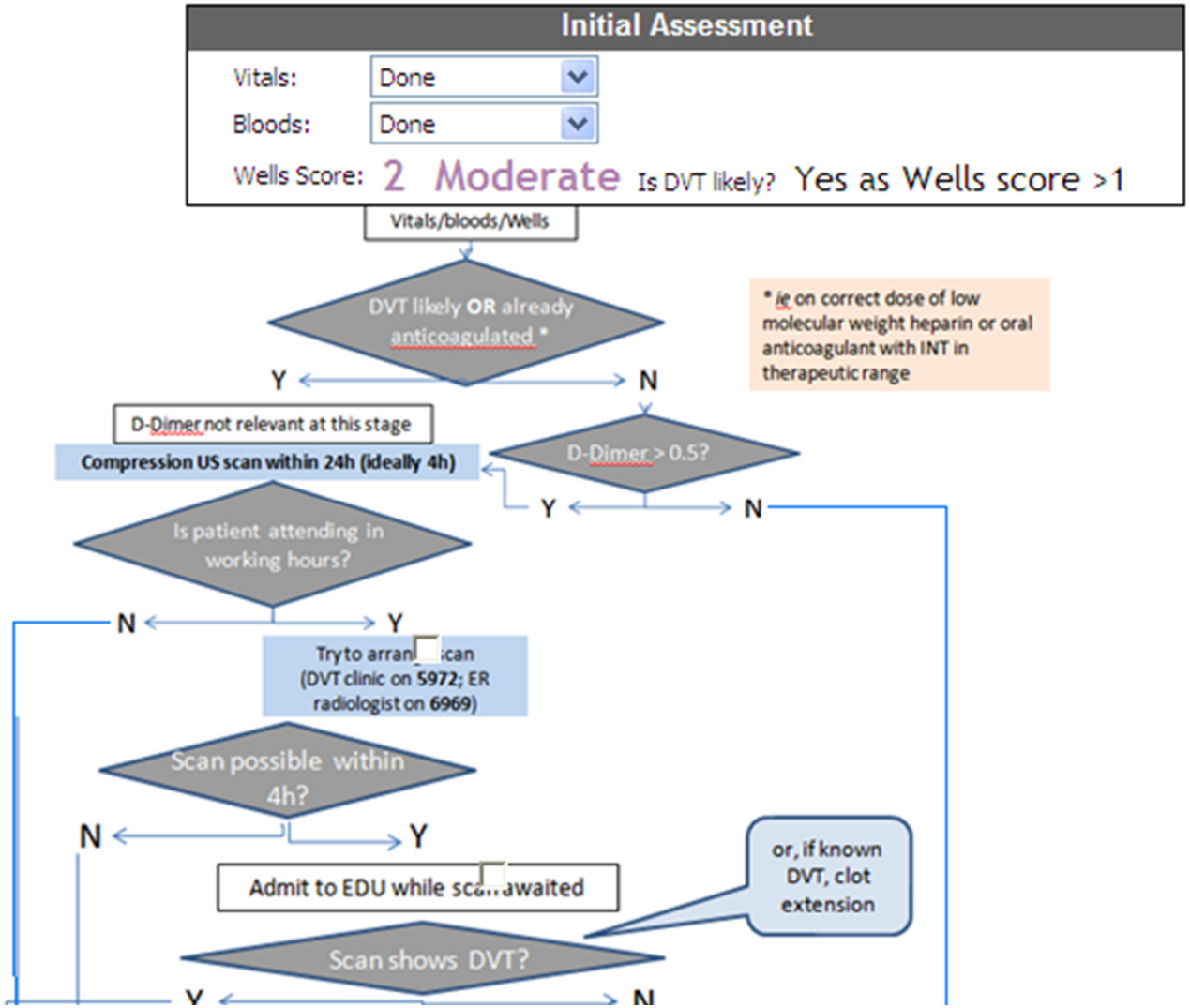
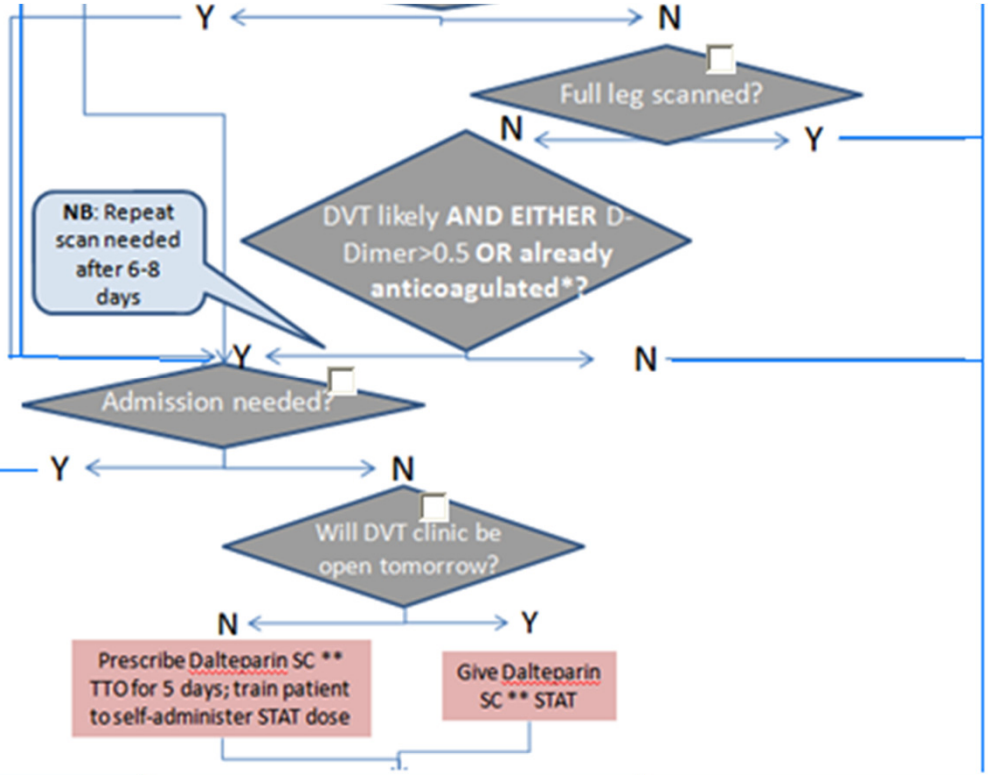
DAWN CLINICAL FRAMEWORK

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

Created by Martin Wyse and Ian Strong

Version 46 - May 12

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Blood results

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

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 10cm 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 symptomatic 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

③ 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 CUS 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 <60,000 ☐
- INR >2 due to e.g. liver disease ☐
- INR >3 and already on oral anticoagulant ☐
- Diabetic retinopathy ☐
- Intracranial haematoma in last 4/52 ☐
- Cerebral neoplasm ☐
- Neuro- or ophthalmic surgery in last 4/52 ☐
- Systolic BP >180 or diastolic BP >110 ☐

Heparin contraindications

- Hypersensitivity to any heparin product ☐
- History of heparin-induced thrombocytopenia ☐

General factors

- Patient unstable / other reason for admission ☐
- eGFR <20 or on haemodialysis ☐
- Hoist required to transfer (EDU) ☐
- Unable to mobilise safely (EDU) ☐
- Unable to arrange return to DVT clinic (EDU) ☐
- Lacks capacity to follow instructions (EDU) ☐
- District nurse needed to give LMWH (EDU) ☐
- Patient (AND carer, if any) unable to understand management instructions ☐

☐ **NO** – as none of the above

Anticoagulation

- Contact haematology 'registrar' 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 UHL 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

eGFR 20-29

kg	units
<46	2500 BD
46-62	5000 AM 2500 PM
63-80	5000 BD
81-98	7500 AM 5000 PM
99-116	7500 BD
117-134	10000 AM 7500 PM
>134	10000 BD

eGFR >29 WITH increased bleed risk

<40	2500 BD
40-45	5000 AM 2500 PM
46-56	5000 BD
57-68	7500 AM 5000 PM
69-82	7500 BD
83-99	10000 AM 7500 PM
100-124	10000 BD
>124	12500 BD

eGFR >29 WITHOUT increased bleed risk

<40	5000 OD
40-45	7500 OD
46-56	10000 OD
57-68	12500 OD
69-82	15000 OD
83-99	18000 OD
100-124	10000 BD
>124	12500 BD

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

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

DVT likely (complete box 2) **OR** already anticoagulated* ? (Y / N)

*i.e. on correct dose of low molecular weight heparin or oral anticoagulant with INR in therapeutic range

D-Dimer result not relevant at this stage

D-Dimer >0.5? (N / Y)

Compression US scan within 24 (ideally 4) h

Is patient attending in working hours? (N / Y)

Try to arrange scan (DVT clinic on **5972**; ER radiologist on **6969**)

Scan possible within 4h? (N / Y)

Admit to EDU while scan awaited

or, if known DVT, clot extension

Scan shows DVT? (Y / N)

Full leg scanned? (N / Y)

DVT likely **AND EITHER** D-Dimer >0.5 **OR** already anticoagulated* ? (N / Y)

NB: Repeat scan needed after 6-8 days

Admission needed (complete box 3)? (Y / N)

Will DVT clinic be open tomorrow? (Y / N)

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

Give Dalteparin SC STAT ●

Weight

kg

Vital signs

Temp

°C

SpO_2

% in air

Resp rate

per min

Heart rate

per min

BP

mm Hg

Admit to AMU (**NB**: to EDU/DTU if only **EDU/DTU** criteria met – box 3). 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 on reverse; this contains a useful list of alternative diagnoses. Manage as appropriate (e.g. start cellulitis pathway if likely). Patient to take copy of the letter to GP.

This assessment was carried out by

Print name | Signature | Position | Date | Time completed

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DAWN CLINICAL FRAMEWORK 7.9

Questionnaire (Test Patient) - New record

Suspected leg DVT

Do not use if
- **< 16 years of age**
- **known pregnancy or < 8d post-partum** - see polcy 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**

Dislclaimer: 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	No | Yes	1
Leg paralysis, paresis or plaster immbolization within last 12/52	No | Yes	1
Bedridden for more than 3 days or surgery under general or regional anaesthesia, in last 12/52	No | Yes	1
Localised tenderness along deep venous system distribution	No | Yes	1
Entire leg swollen	No | Yes	1
Record calf circumference 10cm 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)	No | Yes	1
Pitting oedema (**NB**: tick only if found in symptomatic leg only)	No | Yes	1
Collateral superficial veins (non varicose)	No | Yes	1
Previously documented DVT	No | Yes	1
Alternative diagnosis as likely or greater than that of DVT	Yes | No	-2

OK Cancel

Done Local intranet 125%

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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**

Disclaimer:
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Created by Martin Wyse and Sam Strong

Version 46 - May 12

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Blood results

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

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 10cm 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 symptomatic 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

③ 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 CUS 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 <60,000
- ☐ INR >2 due to e.g. liver disease
- ☐ INR >3 and already on oral anticoagulant
- ☐ Diabetic retinopathy
- ☐ Intracranial haematoma in last 4/52
- ☐ Cerebral neoplasm
- ☐ Neuro- or ophthalmic surgery in last 4/52
- ☐ Systolic BP >180 or diastolic BP >110

Heparin contraindications

- ☐ Hypersensitivity to any heparin product
- ☐ History of heparin-induced thrombocytopenia

General factors

- ☐ Patient unstable / other reason for admission
- ☐ eGFR <20 or on haemodialysis
- ☐ Hoist required to transfer (EDU)
- ☐ Unable to mobilise safely (EDU)
- ☐ Unable to arrange return to DVT clinic (EDU)
- ☐ Lacks capacity to follow instructions (EDU)
- ☐ District nurse needed to give LMWH (EDU)
- ☐ Patient (AND carer, if any) unable to understand management instructions

☐ **NO** – as none of the above

Anticoagulation

- Contact haematology 'registrar' 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 UHL 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

eGFR 20-29

kg	units	
<46	2500	BD
46-62	5000 2500	AM PM
63-80	5000	BD
81-98	7500 5000	AM PM
99-116	7500	BD
117-134	10000 7500	AM PM
>134	10000	BD

eGFR >29 WITH increased bleed risk

<40	2500	BD
40-45	5000 2500	AM PM
46-56	5000	BD
57-68	7500 5000	AM PM
69-82	7500	BD
83-99	10000 7500	AM PM
100-124	10000	BD
>124	12500	BD

eGFR >29 WITHOUT increased bleed risk

<40	9000	OD
40-45	7500	OD
46-56	10000	OD
57-68	12500	OD
69-82	15000	OD
83-99	18000	OD
100-124	10000	BD
>124	12500	BD

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* ?

*i.e. on correct dose of low molecular weight heparin or oral anticoagulant with INR in therapeutic range

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**; ER radiologist on **6969**)

Scan possible within 4h?

Admit to EDU while scan awaited

or, if known DVT, clot extension

Scan shows DVT?

Full leg scanned?

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

NB: Repeat scan needed after 6-8 days

Admission needed (complete box 3)?

Will DVT clinic be open tomorrow?

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

Give Dalteparin SC STAT ●

Weight

kg

Vital signs

Temp

°C

SpO_2

% in air

Resp rate

per min

Heart rate

per min

BP

mm Hg

Admit to AMU (**NB**: to EDU/DTU if only **EDU/DTU** criteria met – box 3). 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 on reverse; this contains a useful list of alternative diagnoses. Manage as appropriate (e.g. start cellulitis pathway if likely). Patient to take copy of the letter to GP.

This assessment was carried out by

Print name | Signature | Position | Date | Time completed

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DAWN CLINICAL FRAMEWORK 7.9

Questionnaire (Test Patient) - New record

Is DVT likely?	Answer	Score
Undergoing active or palliative cancer treatment in last 6 months	○ No | ○ Yes	1
Leg paralysis, paresis or plaster immbolization within last 12/52	○ No | ○ Yes	1
Bedridden for more than 3 days or surgery under general or regional anaesthesia, in last 12/52	○ No | ○ Yes	1
Localised tenderness along deep venous system distribution	○ No | ○ Yes	1
Entire leg swollen	○ No | ● Yes	1
Record calf circumference 10cm 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)	○ No | ○ Yes	1
Pitting oedema (**NB**: tick only if found in symptomatic leg only)	○ No | ● Yes	1
Collateral superficial veins (non varicose)	○ No | ○ Yes	1
Previously documented DVT	○ No | ● Yes	1
Alternative diagnosis as likely or greater than that of DVT	○ Yes | ○ No	-2

Initial Assessment

active

Vitals: Done

Bloods: Done

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%

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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**

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

Created by Martin Wiese and Sam Strong

Version 46 - May 12

Patient details

Full name

DoB

Unit number

(use sticker if available)

① Blood results

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

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 10cm 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 symptomatic 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

③ 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 CUS 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 haematoma in last 4/52
- Cerebral neoplasm
- Neuro- or ophthalmic surgery in last 4/52
- Systolic BP >180 or diastolic BP >110

Heparin contraindications

- Hypersensitivity to any heparin product
- History of heparin-induced thrombocytopenia

General factors

- Patient unstable / other reason for admission
- eGFR <20 or on haemodialysis
- Hoist required to transfer (EDU)
- Unable to mobilise safely (EDU)
- Unable to arrange return to DVT clinic (EDU)
- Lacks capacity to follow instructions (EDU)
- District nurse needed to give LMWH (EDU)
- Patient (AND carer, if any) unable to understand management instructions

☐ **NO** – as none of the above

Anticoagulation

- Contact haematology 'registrar' 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
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eGFR 20-29	kg	units
☐	<46	2500 [illegible]
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☐	99-116	7500 [illegible]
☐	117-134	10000 AM 7500 PM
☐	>134	10000 [illegible]

eGFR >29 WITH increased bleed risk		
☐	<40	2500 [illegible]
☐	40-45	5000 AM 2500 PM
☐	46-56	5000 [illegible]
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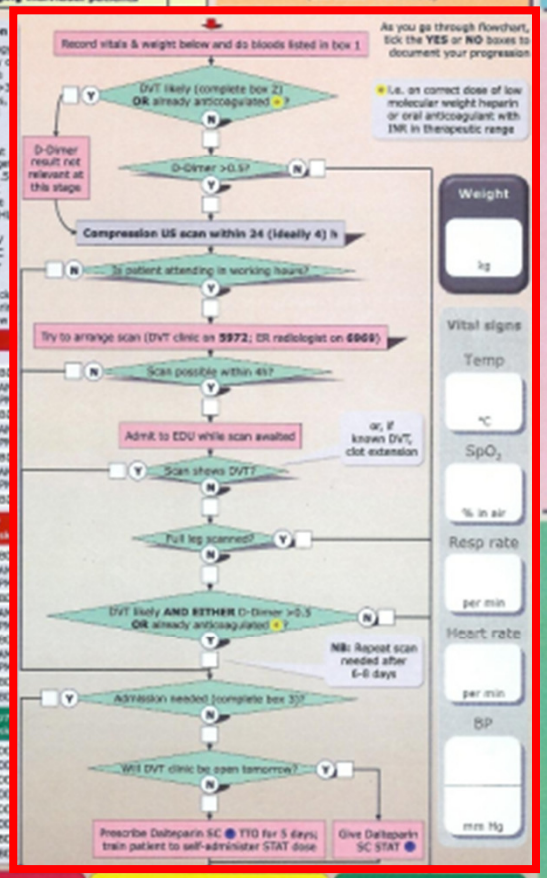
☐	69-82	7500 [illegible]
☐	83-99	10000 AM 7500 PM
☐	100-124	10000 [illegible]
☐	>124	12500 [illegible]

eGFR >29 WITHOUT increased bleed risk		
☐	<40	9000 [illegible]
☐	40-45	7500 [illegible]
☐	46-56	10000 [illegible]
☐	57-68	12500 [illegible]
☐	69-82	15000 [illegible]
☐	83-99	18000 [illegible]
☐	100-124	10000 [illegible]
☐	>124	12500 [illegible]



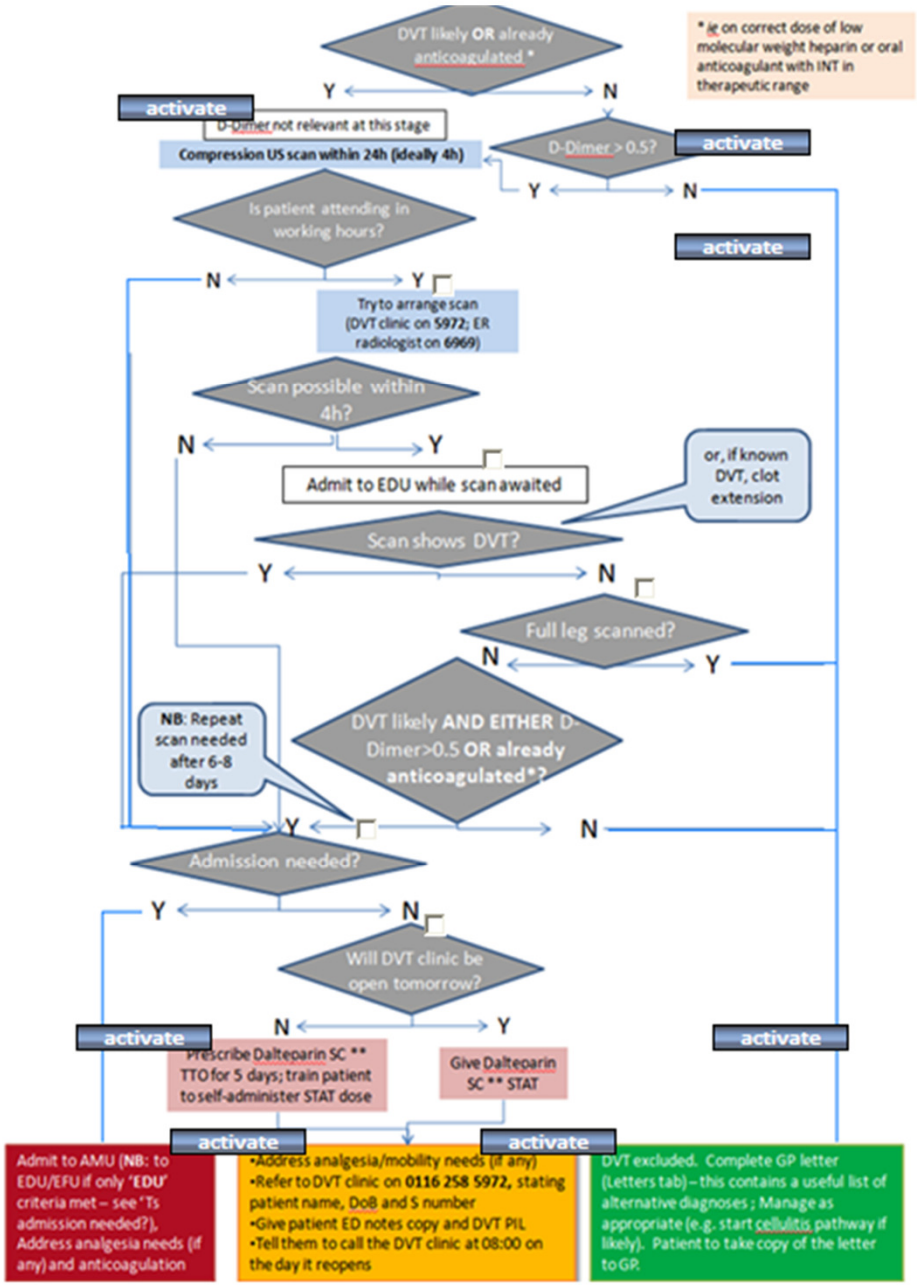
Admit to AMU (NB: to EDU/DTU if only EDU criteria met - box 3). Address analgesia needs (if any) and anticoagulation.

- Address analgesia/mobility needs (if any)
- Refer to DVT clinic on **0116 258 5972**, stating patient name, DoB and 5 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 on reverse; this contains a useful list of alternative diagnoses. Manage as appropriate (e.g. start cellulitis pathway if likely). Patient to take copy of the letter to GP.

This assessment was carried out by

Print name | Signature | Position | Date | Time completed



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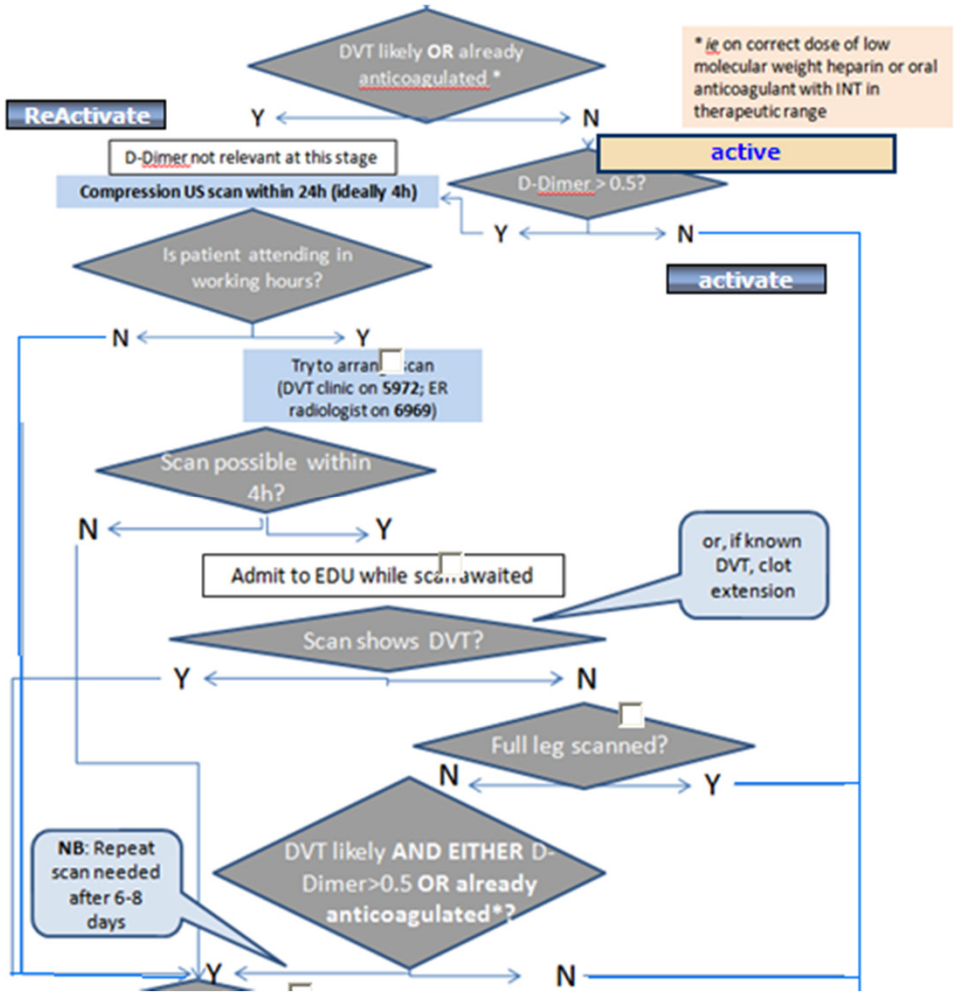
DAWN CLINICAL FRAMEWORK



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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)	

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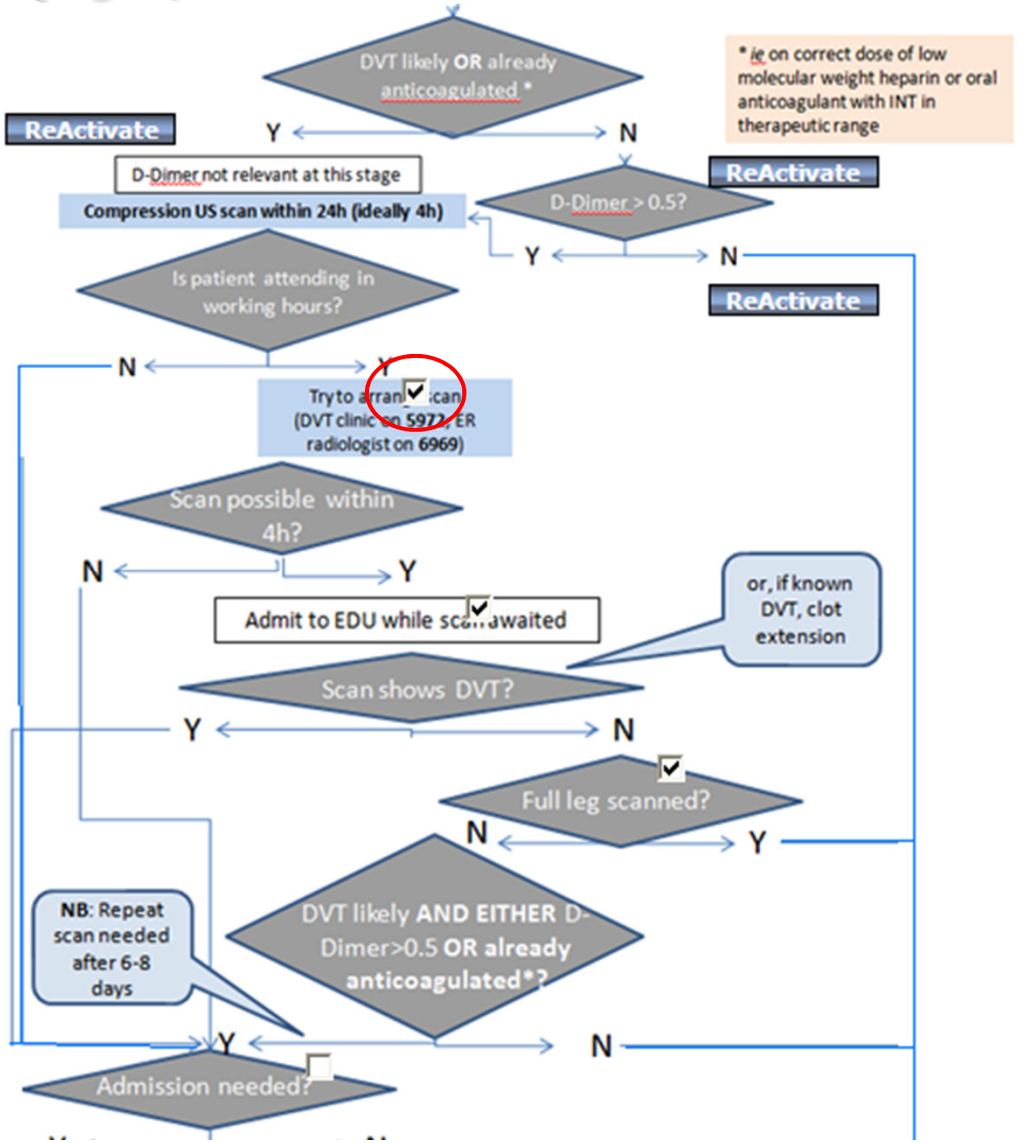
DAWN CLINICAL FRAMEWORK



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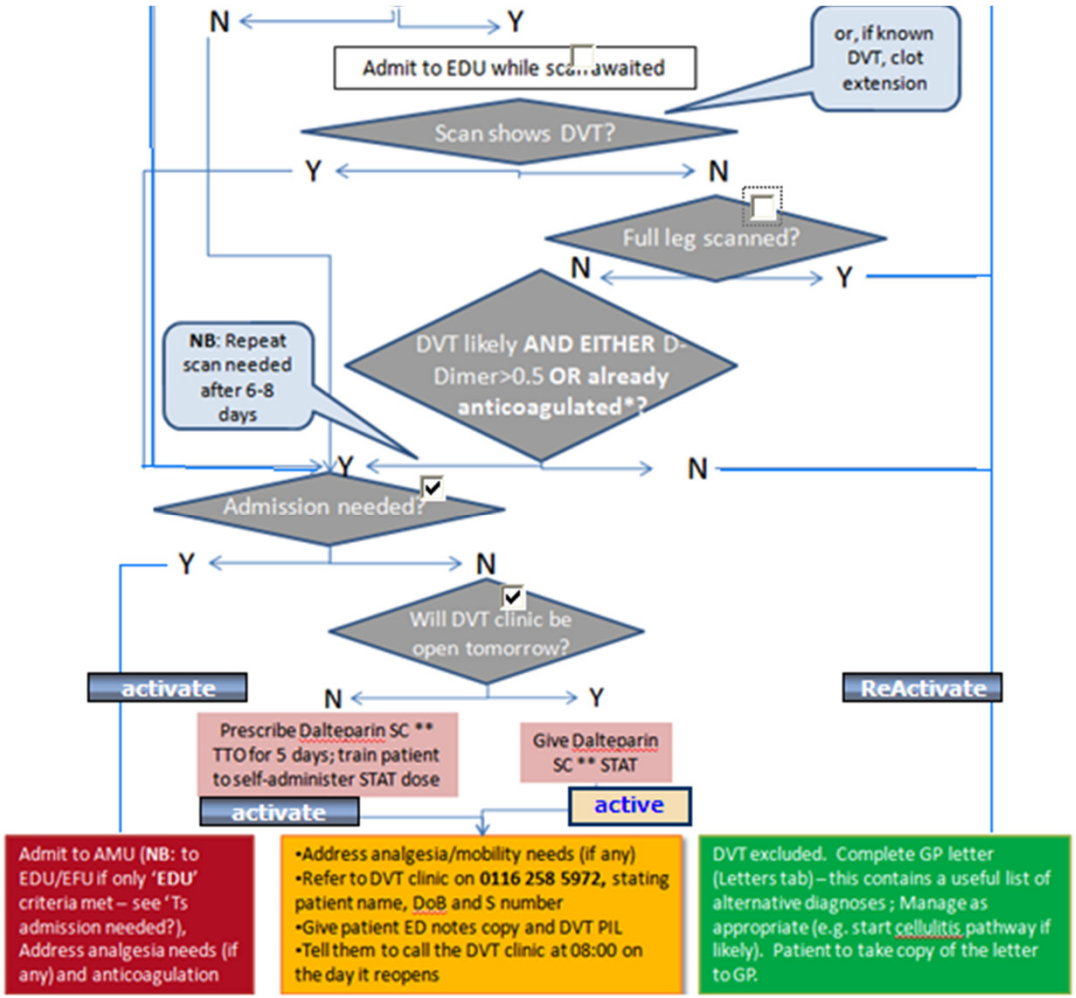
DAWN CLINICAL FRAMEWORK



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

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

List view | Patient

DAWN CLINICAL FRAMEWORK 7.9

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)

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

Scheduled

DNA | Close | Reschedule

Diary | Note | Review | Referral

(None selected)

Next date:
Use recommended:
Set manually:

Normal interval: 1 day

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

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

New | Save | To list | Print

2 / 3

Local intranet | 100%

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DAWN CLINICAL FRAMEWORK

What is the benefit?

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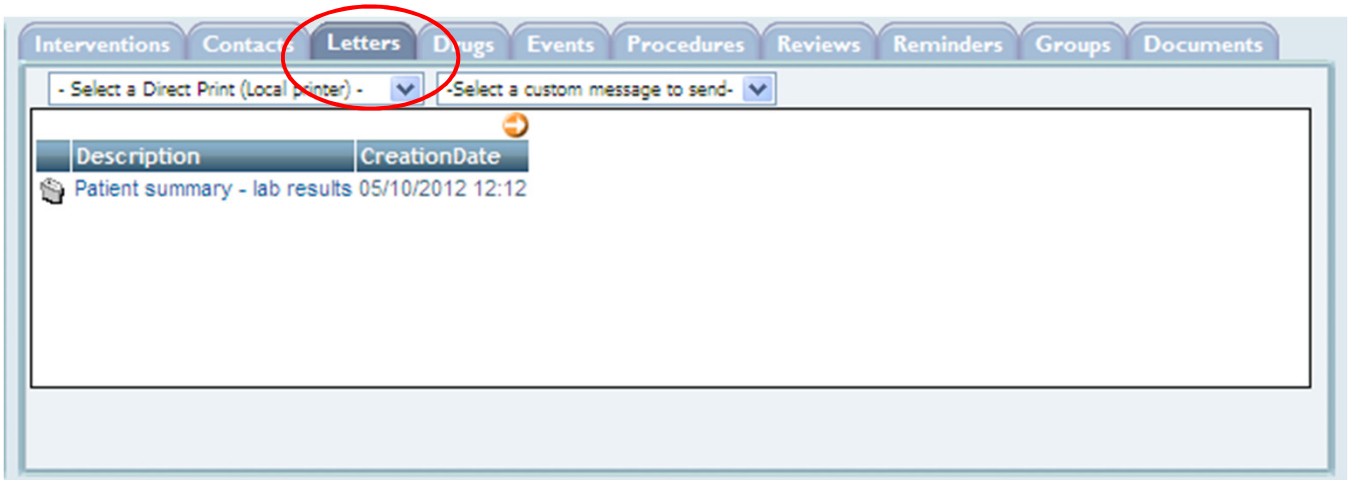
DAWN CLINICAL FRAMEWORK

Messaging



Automate the sending of email, faxes and letters.

DAWN CLINICAL FRAMEWORK

List Views

With
All
(All risk classes)
(All diagnoses)
All
(Any date)
(All types)
(All roles)
(All teams)

New Patients Not Assessed
New Patients Not Assessed
Wells score not done
DVT Assessment not done
new results to review
out-of-range labs
partially completed results
completed results

DVT Worklist | Events | Messaging

Filter With New Patients Not Assessed
4 records found.

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

DAWN CLINICAL FRAMEWORK

Audit Trial

- Audit & security
  - UserProfile
  - Workflow log
  - Logged changes
  - ReadLog
  - DatabaseConversionLog
  - Update database!

Clini

	User	User name	User group name	Action date time	Until date (time)	Notes	
2	Dawn	Stewart Alistair	HCprofessionals	02/03/2012 0			Show

Mes

	User	User name	User group name	Action date time	Until date (time)	Notes	
5	Dawn	Stewart Alistair	HCprofessionals	29/05/2012 1			Show

New

Record	Old status	Workflow action	New status	User	User name	User group name	Action date time	Until date (time)	Notes	
67		Initialise	Open	Dawn	Stewart Alistair	HCprofessionals	15/02/2012 1	15/02/2012 1		Show
67	Open	***DELETE	***DELETED	Dawn	Stewart Alistair	HCprofessionals	15/02/2012 1			Show
68		Initialise	Open	Dawn	Stewart Alistair	HCprofessionals	31/07/2012 1	31/07/2012 1		Show
68	Open	***DELETE	***DELETED	Dawn	Stewart Alistair	HCprofessionals	31/07/2012 1			Show
69		Initialise	Open	Dawn	Stewart Alistair	HCprofessionals	04/10/2012 1	04/10/2012 1		Show
69	Open	***DELETE	***DELETED	Dawn	Stewart Alistair	HCprofessionals	04/10/2012 1			Show
70		Initialise	Open	Dawn	Stewart Alistair	HCprofessionals	04/10/2012 1	04/10/2012 1		Show
70	Open	***DELETE	***DELETED	Dawn	Stewart Alistair	HCprofessionals	04/10/2012 1			Show

OrganisationType

Record	Old status	Workflow action	New status	User	User name	User group name	Action date time	Until date (time)	Notes	
10		***DELETE	***DELETED	Dawn	Stewart Alistair	HCprofessionals	26/07/2012 1			Show

Patient

Record	Old status	Workflow action	New status	User	User name	User group name	Action date time	Until date (time)	Notes	
887		Activate	Active	Dawn	Stewart Alistair	HCprofessionals	15/02/2012 1			Show
888		Activate	Active	Dawn	Stewart Alistair	HCprofessionals	31/07/2012 1			Show

DAWN CLINICAL FRAMEWORK

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.

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DAWN CLINICAL FRAMEWORK

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