

# DVT DAWN Module

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Nottingham University Hospitals NHS Trust

AND

Alistair Stewart

4S

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# Aims

- Brief outline of how Nurse led DVT service at NUH operates
- Why change
- New way of working
- Technical side

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# How the NUH DVT Service operates

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# Where do referrals come from

- GP Admission ward
- A & E
- NUH Hospital inpatient wards
- Nottingham Urgent Primary Care  
Assessment Centre
- NUH Outpatient Clinics
- Private Hospitals
- Other DVT Services around the Country



# NUPCAC

NEMS – “Community Benefit Services Limited

A not for profit company that holds contracts to deliver service on behalf of commissioners, NHS Nottingham City and NHS Nottinghamshire County Teaching Primary Care Trusts”

<http://www.nems.org.uk/services/about-nems>

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# Why Change?

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# This leads to

- Inefficient communication
- Complicated audit tools
- Inefficient use of staff time
- Repetition of actions
- Poor service for patients

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# Paper-based database:

DATE	NEW	CLINIC	B3	A&E	NEMS	GP	OTHER	SCAN	RV	POS	NEG	INCONL	BAKERS	CELL	DVT+	DVT-	B3+	B3-	J RV	B3RV	
01/09/2011			1					1			1							1			
			1					1			1							1			
			1					1			1										ONCOLOGY
			1					1			1						1				
			1					1			1						1				
	1		1																		
	1		1																		
	1		1																		
	1				1																NEMSGP
	1	1			1																NEMSGP
	1	1			1				1												
02/09/2011			1					1													DNA
			1					1		1								1			
			1					1		1					1						HAEMATOL.
			1					1		1							1				
			1					1			1								1		
			1					1			1								1		
	1	1			1																
	1		1																		FAILED E16
	1		1																		
	1		1																		
	1		1																		
	1	1			1																
	1	1						1													RHEMATOL OGY
	1	1			1																

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# What we did

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# Introduction of 4S:

- Personal experience of 4S anticoagulation dosing software.
- I approached 4S and was introduced to Alistair

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# Barriers:

- Lack of admin rights – eventually resolved



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# How do we intend to use the DVT Module

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# Leg assessment:

Nottingham University Hospitals **NHS**  
NHS Trust

Additional Information:

R L

L R

Summary:

Haemostasis & Thrombosis Service, DVT Service, Ext. 70448 or Bleep 780 8642  
Pg. 6 February 2011. Review date February 2013. NUH01240N

Patient Name:  NHS No.

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# Benefits of new process pathway:

- 1) Clinic list can be generated.
- 2) GP's/patients can telephone months after a visit. We can easily access their record and more importantly have somewhere to document that contact.
- 3) Transferring patients to Anticoagulation service will require no repetition, meaning the process is safer.
- 4) As the DVT module is based on our current pathway booklet and referral sheet, we can continue to record Key Performance Indicators and generate automatic reports without the need of manual data entry.

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# The DVT DAWN module

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Close all tabs
System menu
Patient search

DAWN CLINICAL FRAMEWORK 7.9

Welcome  
You are currently logged on as 'Dawn Dawn' with user profile 'System Manager'.

DAWN CLINICAL FRAMEWORK 7.9

Fri 23/09/2011  
Version 7.9.16 (1282)

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

Database name	Database size	Last Database backup	Log size (MB)
DAWNDVT	20 MB	Not Yet Taken	0.4921875

Patient Licenses	Active Patients	Unused Licenses
10	3	7 - near limit!

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

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Patient Questionnaire X PatientIntervention

DAWN CLINICAL FRAMEWORK 7.9

Questionnaire (Test DVT (28/06/1932))

## Outpatient DVT Referral Form

\*Asterisked fields are compulsory and must be completed.

*Time arrived in NUPCAC	*Time arrived in DVT	*Time assessment commenced	NEMS Transport	Time departed
17/09/2011 12:37 <input type="button" value="Now"/>	17/09/2011 13:00 <input type="button" value="Now"/>	17/09/2011 13:15 <input type="button" value="Now"/>	<input type="checkbox"/>	17/09/2011 14:30 <input type="button" value="Now"/>

Name of referring person:

Organisation:

Contact details of referrer:

Patient Name: DVT Test

NHS Number:

Date of birth: 28/06/1932

Contact telephone number:

GP Name:

GP Practice address:

Name of person completing assessment: Dawn Dawn

NUH staff member?	NUPCAC staff member?
<input type="checkbox"/>	<input type="checkbox"/>

Navigation: << < > >> New Delete Save To list Print

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Patient Questionnaire X PatientIntervention

DAWN CLINICAL FRAMEWORK 7.9

Questionnaire (Test DVT (28/06/1932))

Details of problem identified: -

LEFT LEG:	<input checked="" type="checkbox"/>	FBC	CLOTTING SCREEN	Time bloods sent to lab:
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17/09/2011 12:45 <input type="button" value="Now"/>
RIGHT LEG:	<input type="checkbox"/>	U&E	D-DIMER	Time ALL results available on NotIS
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17/09/2011 14:00 <input type="button" value="Now"/>
WELLS SCORE	<input type="text"/>	LFT	OTHER	
		<input checked="" type="checkbox"/>	<input type="text"/>	

Any other relevant information: -

Ultrasound Scan		
Date requested:	Date of appointment:	Results of Ultrasound Scan
17/09/2011 <input type="button" value="Calendar"/>	21/09/2011 <input type="button" value="Calendar"/>	(None selected) <input type="button" value="Dropdown"/>

Complete if patient to be transferred to other specialty i.e. due to ill-health: -

*Time transfer requested:	*Time transfer accepted:	Which specialty transferred to
<input type="text"/> <input type="button" value="Now"/>	<input type="text"/> <input type="button" value="Now"/>	(None selected) <input type="button" value="Dropdown"/>

Name	Date	VTE Leaflet provided
Dawn Dawn	17/09/2011 <input type="button" value="Calendar"/>	<input checked="" type="checkbox"/>

Navigation: << < > >> New Delete Save To list Print

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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	Referral
Primary diagnosis	(None selected)	Date of referral
Therapy template	(None selected)	Referring GP
Reference range	- Confirmed DVT	Consultant
Select active phase	- No DVT	Notes
Start date	- Suspected DVT	Transport
Duration		Transport needs
Preferred clinic		Notes
Preferred time		
Next visit date		
Next visit type		
Laboratory		

☒ Set the status of the  
☐ Decide later

TherapyTemplate, Active Phase and StartDate)

< Previous step   Finish   Cancel   Next step >

Save

Done

Slide 42 of 42   Default Design   English (U.K.)

Start   http://anti024/...   45 Dawn Clini...   GoToMeeting   TestResult   Removable Dis...   Dawn IE - Notti...   Microsoft Powe...   15:43

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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	<b>Referral</b>
Primary diagnosis	- Suspected DVT	Date of referral
Therapy template	(None selected)	Referring GP
Reference range	(None selected)	Consultant
Select active phase	(None selected)	Notes
Start date	04/10/2011	
Duration	Weeks   Days	<b>Transport</b>
Preferred clinic	DVT Clinic (Hospital)	Transport needs
Preferred time	From   To	Notes
Next visit date		
Next visit type	Assessment	
Laboratory	Hospital	

☒ 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

Slide 43 of 43   Default Design   English (U.K.)

[Start](#)   [http://anti024/...](#)   [45 Dawn Clini...](#)   [GoToMeeting](#)   [TestResult](#)   [Removable Dis...](#)   [Dawn IE - Notti...](#)   [Microsoft Powe...](#)   15:45

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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** (None selected)  
**Duration** Assessment  
**Preferred clinic** Path A (suspected DVT - High Wells Score)  
**Preferred time** Path B (D-Dimer - Mod Wells Score)  
**Next visit date** Path C (D-Dimer - Low Wells Score)  
**Next visit type**  
**Laboratory**

☒ Set the status of the  
☐ Decide later

**Referral**  
**Date of referral** 04/10/2011  
**Referring GP** (None selected)  
**Consultant** Hospital - Dawn Dawn  
**Notes**

**Transport**  
**Transport needs** (None selected)  
**Notes**

TherapyTemplate, Active Phase and StartDate)

< Previous step   Finish   Cancel   Next step >

Save

Done

Slide 44 of 44   Default Design   English (U.K.)

Start   http://anti024/...   45 Dawn Clini...   GoToMeeting   TestResult   Removable Dis...   Dawn IE - Notti...   Microsoft Powe...   15:46

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

Patient X

**TEST2 DVT 22/05/1960 S60390E 2 Any Street, Any Town**

Risk class: **High**  
 Pref. clinic: **DVT Clinic (Hospital)**  
 Phone: **- home**  
 Age: **51**

**Diagnosis** Suspected DVT  
**Start date** 04/10/2011 - 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: 0 d/1 d Phase Visit# : 1**

Due by: 04/10/2011 Type: Assessment

**Scheduled**  
**DNA** **Close** **Reschedule**  
**Diary** **Note** **Review** **Referral**  
 DVT Clinic (Hospital)  
 Next date:  
☒ Use recommended: **i**  
☐ Set manually:   
 Normal interval: 1 day

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

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

**BP diastolic** 120  
**BP systolic** 70  
**Pulse** 65  
**Temperature** 36.5  
**Oxygen Saturation** 98%  
**Weight** 65  
**Affected Leg (L R)** 40cm (R)  
**Unaffected Leg (L R)** 37cm (L)  
**Last menstrual period** N/A

**New** **Save** **To list** **Print** 1 / 1

Local intranet 100%

Slide 47 of 47 Default Design English (U.K.)

Start http://anti024/... 45 Dawn Clini... GoToMeeting TestResult Removable Disk... Dawn IE - Notti... Microsoft Powe... 15:56

We are here for you

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

Patient X

**TEST2 DVT 22/05/1960 S60390E 2 Any Street, Any Town**

Risk class: **High**  
Pref. clinic: DVT Clinic (Hospital)  
Phone: - home  
Age: 51

**Diagnosis:** Suspected DVT  
**Start date:** 04/10/2011 - 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**  
Due by: 04/10/2011 Type: Assessment

04/10/2011 BP diastolic	120	>	<input checked="" type="checkbox"/>
04/10/2011 BP systolic	70		<input checked="" type="checkbox"/>
04/10/2011 Pulse	65		<input checked="" type="checkbox"/>
04/10/2011 Temperature	36.5		<input checked="" type="checkbox"/>
04/10/2011 Oxygen Saturation	98		<input checked="" type="checkbox"/>
04/10/2011 Weight	65		<input checked="" type="checkbox"/>
04/10/2011 Affected Leg (L R)	40		<input checked="" type="checkbox"/>
04/10/2011 Unaffected Leg (L R)	37		<input checked="" type="checkbox"/>
04/10/2011 Last menstrual period	N/A		<input checked="" type="checkbox"/>

**Phase time: 0 d/1 d Phase Visit#: 1/1**  
**Fully completed results**  
Close Reset  
Diary Note Review Referral  
DVT Clinic (Hospital)  
Next date:  
☒ Use recommended: 05/10/2011  
☐ Set manually:   
Normal interval: 1 day

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

QuestionnaireType	Entry date	Summary
Outpatient DVT Referral Form	04/10/2011	

New Save To list Print

1 / 1

Done

Start http://anti024/... 4S Dawn Clini... GoToMeeting TestResult Removable Disk... Dawn IE - Notti... Microsoft Powe... 15:59

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Close all tabs System menu Patient search

Patient Questionnaire X PatientIntervention

DAWN CLINICAL FRAMEWORK 7.9

Questionnaire (Test DVT (28/06/1932))

### Respiratory

Shortness of Breath	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Cough	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Sputum	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Haemoptysis	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Hoarseness	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Other	<input checked="" type="radio"/> No   <input type="radio"/> Yes	

### Gastro-intestinal

Change in bowel habit	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Rectal bleeding	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Indigestion, heart burn or vomiting	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Melaena	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Other	<input checked="" type="radio"/> No   <input type="radio"/> Yes	

### Genitourinary

Dysuria	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Haematuria	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Discharge	<input checked="" type="radio"/> No   <input type="radio"/> Yes	
Other	<input checked="" type="radio"/> No   <input type="radio"/> Yes	

Navigation: << < > >> New Delete Save To list Print

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Close all tabs System menu Patient search

Patient Questionnaire X Patient Intervention

DAWN CLINICAL FRAMEWORK 7.9

Questionnaire (Test DVT (28/06/1932))

Risk Assessment	
IV Drug user	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Surgery in last 6 months	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Smoker	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Contraceptive pill	<input checked="" type="radio"/> No   <input type="radio"/> Yes
H.R.T.	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Malignancy	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Long haul flight	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Bedridden	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Previous thrombotic episode	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Pregnancy/recent childbirth	<input checked="" type="radio"/> No   <input type="radio"/> Yes
Family history of thrombosis	<input checked="" type="radio"/> No   <input type="radio"/> Yes

Navigation: << < > >> New Delete Save To list Print

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Close all tabs
System menu
Patient search

Patient
Questionnaire X
PatientIntervention

DAWN CLINICAL FRAMEWORK 7.9

### Questionnaire (Test DVT (28/06/1932))

Clinical feature (Wells score). To be completed by medical staff or clinical nurse specialist	Answer	Score
Active cancer (treatment ongoing or within previous 6 months or palliative)	<input checked="" type="radio"/> No   <input type="radio"/> Yes	1
Paralysis, paresis or recent plaster immobilization of the lower extremities	<input checked="" type="radio"/> No   <input type="radio"/> Yes	1
Recently bedridden for more than 3 days or major surgery within 4 weeks	<input checked="" type="radio"/> No   <input type="radio"/> Yes	1
Localised tenderness along the distribution of the deep venous system	<input type="radio"/> No   <input checked="" type="radio"/> Yes	1
Entire leg swollen	<input type="radio"/> No   <input checked="" type="radio"/> Yes	1
Calf swelling by 3 cm when compared with the asymptomatic leg (measured 10 cm below tibial tuberosity)	<input type="radio"/> No   <input checked="" type="radio"/> Yes	1
Pitting oedema (greater in the symptomatic leg)	<input type="radio"/> No   <input checked="" type="radio"/> Yes	1
Collateral superficial veins (non varicose)	<input checked="" type="radio"/> No   <input type="radio"/> Yes	1
Alternative diagnosis as likely or greater than that of DVT	<input type="radio"/> Yes   <input checked="" type="radio"/> No	-2

**Wells Score:** 4 - High

High (3 or more), Moderate (1-2), Low (0)

#### PROTOCOL FOR PATIENTS WITH SUSPECTED DVT

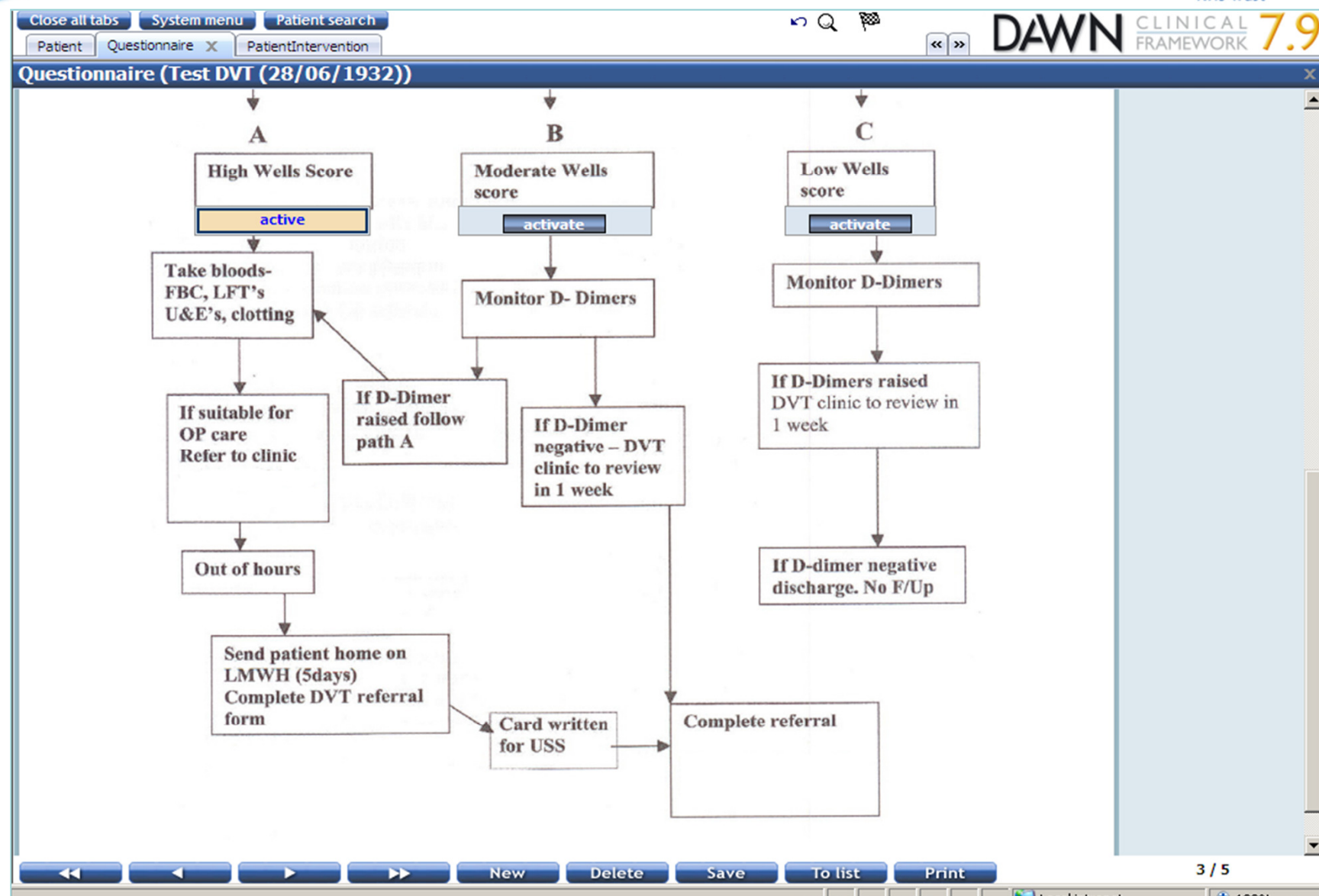
Assess the patient for suspected DVT including:  
**Clinical judgement**  
**Risk factors**  
**Wells score** – (Does the patient have a DVT? Anand SS, Wells PS, Hunt et al Jamma 1993).  
**Is the patient suitable for out patient management?**

**ReActivate**

New
Delete
Save
To list
Print

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

Patient X Treatment plans Questionnaire Patient Intervention

DAWN CLINICAL FRAMEWORK 7.9

Test DVT 28/06/1932 S77777 7 West Side Sherwood Forest, Nottingham

Risk class: High  
 Pref. clinic: (None selected)  
 Phone: - home  
 Age: 79

**Diagnosis** Confirmed DVT  
**Start date** 17/09/2011 - Indefinite  
**Therapy** DVT Assessment - DVT Assessment  
 Path A (suspected DVT - High Wells Score)  
**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: Path A (suspected DVT - High Wells Score) Phase time: 4 d/1 d Phase Visit# : 1/1**

Due by: 21/09/2011 Type: Scan

MCH  
 Basophil count  
 Eosinophil count  
 RDW  
 Albumin  
 ALT  
 Bilirubins (total)  
 Alkaline Phosphatase

**New**  
**Schedule**  
 Diary Note Review Referral  
 DVT Clinic (Hospital)  
 Next date:  
☐ Use recommended:  
☒ Set manually: 21/09/2011  
 Normal interval: 1 day

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

**QuestionnaireType** Entry date Summary

DVT Patient Assessment	17/09/2011	
Risk Assessment	17/09/2011	
Wells Score	17/09/2011	High
DVT Protocol	22/09/2011	
Outpatient DVT Referral Form	23/09/2011	

Hospital - Dawn Dawn 17/09/2011 13:51  
 For scan and enoxaparin 113mgs (weight=73.55). Scan booked for wednesday Mr Test aware of scan appointment

Hospital - Dawn Dawn 17/09/2011 13:29  
 Right leg became swollen about 4 days ago. First noticed pain in back of calf 3 days ago. Pain on walking getting worse also last night noticed slight pink discolouration of right leg. On examination R>L by 3cm See wells score and scanned document.

New Save To list Print

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

Patient X Questionnaire Patient Intervention

**DAWN CLINICAL FRAMEWORK 7.9**

**Test DVT 28/06/1932 S77777 7 West Side Sherwood Forest, Nottingham**

Risk class **High**  
 Pref. clinic (None selected)  
 Phone - home  
 Age **79**

**Diagnosis**  
 Start date 17/09/2011 - Indefinite  
 Therapy DVT Assessment - DVT Assessment  
 Path A (suspected DVT - High Wells Score)  
 Ref. Range (None selected)  
 Treatment Plan 1 of 1 active  
**Risks**

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

**For treatmentplan relevant Procedures**

Procedure	Date	Notes
Ultrasound Booked	21/09/2011 0920	
Blood results checked	17/09/2011	D-dimer= 345 Creatinine= 86 Urea=7.8 PT=12 Hb=16.6 Platelets=368 WBC=11.8 Creatinine clearance=65.22

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

**QuestionnaireType** Entry date Summary

DVT Patient Assessment	17/09/2011	
Risk Assessment	17/09/2011	
Wells Score	17/09/2011	High
DVT Protocol	22/09/2011	
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Close all tabs System menu Patient search **DVT Assessment**

Patient X Risks Treatment plans Questionnaire Patient Intervention

DAWN CLINICAL FRAMEWORK 7.9

Test DVT 28/06/1932 S77777 7 West Side Sherwood Forest, Nottingham

Risk class: High  
Pref. clinic: (None selected)  
Phone: - home  
Age: 79

**Diagnosis** Confirmed DVT  
**Start date** 17/09/2011 - Indefinite  
**Therapy** DVT Assessment - DVT Assessment  
Path A (suspected DVT - High Wells Score)  
**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: Path A (suspected DVT - High Wells Score) Phase time: 4 d/1 d Phase Visit: 1/1**  
Due by: 21/09/2011 Type: Scan

Blood results checked  
Ultrasound Booked  
District Nurse Booked  
Patient taught to self-inject  
If discharged in the last 30 days, Contact team  
Neutrophils  
RBC  
Platelet count  
Monocyte count

**New**  
**Schedule**  
Diary Note Review Referral  
DVT Clinic (Hospital)  
Next date:  
☐ Use recommended:  
☒ Set manually: 21/09/2011  
Normal interval: 1 day

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

**DVT: DVT Assessment** active

Start date 17/09/2011  
Duration Indefinite  
Diagnosis Confirmed DVT -  
TherapyTemplate DVT Assessment  
Referring GP -  
Consultant -

**Add treatment plan**

Hospital - Dawn Dawn 17/09/2011 13:51  
For scan and enoxaparin 113mgs (weight=73.55). Scan booked for wednesday Mr Test aware of scan appointment  
Hospital - Dawn Dawn 17/09/2011 13:29  
Right leg became swollen about 4 days ago. First noticed pain in back of calf 3 days ago. Pain on walking getting worse also last night noticed slight pink discolouration of right leg. On examination R>L by 3cm See wells score and scanned document.

New Save To list Print

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# Benefits of new process pathway:

- 1) Clinic list can be generated.
- 2) GP's/patients can telephone months after a visit. We can easily access their record and more importantly have somewhere to document that contact.
- 3) Transferring patients to Anticoagulation service will require no repetition, meaning the process is safer.
- 4) As the DVT module is based on our current pathway booklet and referral sheet, we can continue to record Key Performance Indicators and generate automatic reports without the need of manual data entry.

# Next Step

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# GO LIVE

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# Any Questions

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