**Suspected Deep Vein Thrombosis Referral Form**

**email:** **sft.vascular\_referrals@nhs.net**

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital no.  |  | NHS no. |  |
| Surname |  | Forenames |  |
| Previous surname |  | Title |  | Sex |  |
| Date of birth |  |  |  |
| AddressPost Code |  | Home tel. No. |  |
| Work tel. No. |  |
| Mobile no. |  |

**Referral Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring clinician |  | Date of referral |  |
| GP Practice/ Department |  |  |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required? | Yes  | [ ]   | No | [ ]   |  | Wheelchair access required? | Yes | [ ]  | No | [ ]  |
| Language:  |       |  |  |
| Communication & Accessibility Needs: | Hearing:       | Learning Disability: |       |
| Vision:       | Other Disability: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

|  |  |
| --- | --- |
| **Two-level DVT Wells score** | **score** |
| Active cancer (treatment ongoing, within 6 months, or palliative) | **1** | [ ]  |
| Paralysis, paresis or recent plaster immobilisation of the lower extremities  | **1** | [ ]  |
| Recently bedridden for 3 days or more or major surgery within 12 weeks requiring general or regional anaesthesia  | **1** | [ ]  |
| Localised tenderness along the distribution of the deep venous system | **1** | [ ]  |
| Entire leg swollen | **1** | [ ]  |
| Calf swelling at least 3cm larger than asymptomatic side | **1** | [ ]  |
| Pitting oedema confined to the symptomatic leg | **1** | [ ]  |
| Collateral superficial veins (non-varicose) | **1** | [ ]  |
| Previously documented DVT | **1** | [ ]  |
| An alternative diagnosis is at least as likely as DVT | **-2** | [ ]  |
| **DVT likely – 2 points or more** |  |  [ ]  |
| **DVT not likely – 1 point or less** |  [ ]  |
| **If Wells score 1 point or less patient should only be referred if D-dimer is positive** | **YES (✓)** |
| **D-dimer positive** | [ ]  |
| **Please tick as appropriate** | **YES (✓)** |
| Strong family history (2 +1st degree relative) |  | **[ ]**  |
| Recent long distance travel |  |  [ ]  |
| Pregnancy |  |  **[ ]**  |
| **Please refer to the diagram**  |  |

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| **Side required Right leg [ ]  Left leg [ ]** **Presenting clinical symptoms:** What do you want us to do with the result of a positive scan?1. [ ]  For GP review. Please ensure that you have made a follow up appointment to see your patient
2. [ ]  Follow hospital policy (includes referral to nurse led anticoagulant service +/- MAU review if appropriate.

If you do not tick a box we will default to 2Please note, equivocal scans will be sent back for review by the referrer***Doctor’s signature:*****It is legal requirement for technologists to have clinical information and authorised signature. Failure to comply will result in delay and/or cancellation of the test****Please also use this referral form for severe thrombophlebitis. Use link for treatment options:** [**https://app.eolasmedical.com/organisation/landing/null?organisationId=ORG%23staging-salisbury-nhs-foundation-trust%231120b4c7-8856-4520-934a-f2778c95fc7a&sectionId=SEC%2302de31e6-c793-4945-9a9e-0aadda466a3f&origin=section**](https://app.eolasmedical.com/organisation/landing/null?organisationId=ORG%23staging-salisbury-nhs-foundation-trust%231120b4c7-8856-4520-934a-f2778c95fc7a&sectionId=SEC%2302de31e6-c793-4945-9a9e-0aadda466a3f&origin=section) |

|  |
| --- |
| **Please attach patients PMH (relevant social), current medication list, or copy of ED record- state if medicines in dossett / blister pack** |

Duplex Ultrasound Assessment.

send referralvia email with read receipt.Patient to be contacted with appointmentby Reception

**Treat for DVT**

**1st line: DOAC (Apixaban or Rivaroxaban)**

**Check CrCl – Dose adjust DOAC in renal impairment accordingly**

Flow chart updated: Jan 2025, Sue Daniels, Vascular Navigator