

Assessment and Referral for Investigation of lower limb DVT



Note to Patient:

You have been assessed as needing investigation for a possible blood clot in your leg.

You have an appointment for an ultrasound examination in the radiology department at:

Hospital at (time) on (day/date)

Please report to the X-ray Dept. ~ 15 mins before your appointment. The examination should take approx 20 mins. You will be given this form to take back to your GP once the test is done. Your follow-up appointment with your GP is at (time) on (day/date)

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This document acts as a clinical record of Assessment, the Referral Form for USS and the immediate USS Report Form

Responsible Doctor: (GP/Consultant)

Assessing Doctor: (if different)

Practice/Ward/Dept:

Tel/ /Bleep:

Date of Assessment: **Time:**

First Name:

Family Name:

CHI

Address:

Patient Tel 1:

Patient Tel 2:

Clinical History:

Relevant Past Medical History:

Relevant Drug History:

Examination: Left calf size cm Right calf size cm
 CVS normal RS normal Abdo. Normal AND/OR Relevant Abnormalities

Resps	<input type="text"/>	bpm
O2 Sats	<input type="text"/>	% (if poss)
Temp	<input type="text"/>	°C
BP	<input type="text"/>	lying
Pulse	<input type="text"/>	bpm

Pretest Clinical Scoring System (Modified Wells' Criteria, Wells et al. NEJM 2003;349:1227-35)

Active cancer (patient receiving treatment for cancer within the previous 6 months or currently having palliative treatment).....	1
Paralysis, paresis, or recent plaster immobilization of the lower extremities	1
Recently bedridden for ≥3 days, or major surgery within the previous 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 3 cm larger than that on the asymptomatic side (measured 10 cm below tibial tuberosity)	1
Pitting oedema confined to the symptomatic leg	1
Collateral superficial veins (nonvaricose)	1
Previously documented deep-vein thrombosis	1
Alternative diagnosis at least as likely as deep-vein thrombosis	Minus 2
Score ≤ 1: DVT Unlikely: Measure D-dimer if appropriate, score ≥ 2: DVT Likely: needs USS)	TOTAL: <input type="text"/>

D-dimer (if appropriate):

Referred for USS Left OR Right

Signed

Ultrasound Report: (Typed report available via SCI Store)

Ultrasound Operator: Date / / 20 Time

Leg Scanned: Left Right No sonographic evidence of DVT in deep veins of calf or thigh

Plan: Returned to GP/referring clinician for same day follow-up

OR Referred to:(Signed)

Report: Paper copy with patient Patient Info. Leaflet given:

Final Version (1.2), prepared by Dr Grant Franklin / Maimie Thompson (Nov 2008).
 Authorised by PPG – Sub Group of ADTC (Aug 2008); Review Date Aug 2010