

### IN hours : DVT referrals (8am to 6pm)

GP or A&E referrals

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Senior Triage (in A&E : Middle grade physician or above OR Band 7 sister or above; GP referrals: GP review (face to face) to confirm suspected DVT and exclude alternate red flag diagnosis such as acute ischaemic limb, acute haematoma/significant MSK injury, compartment syndrome

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Suspicion of DVT confirmed and alternative red flag diagnosis ruled out and no exclusion factors from AAU exclusion criteria\*

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Kirklees pts: Telephone to SDEC Huddersfield (phone: 07833707074)  
Calderdale pts: Telephone to AAU Calderdale (phone: 01422-223812)

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Review in AAU/SDEC: Management as per Trust VTE Management Guidelines

### Out of hours: DVT referrals (6pm to 8am)

GP -> refer to A&E

A&E review (either direct patient admission or referral from GP)

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Clinician review : Suspicion of DVT confirmed, undertake history and physical examination, consider other causes of leg swelling. Check FBC, U&E, clotting profile, D dimer assay, undertake 2 level Wells score .

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If 'Wells score  $\geq 2$ ' OR 'Wells score  $\leq 1$  and Age Adjusted D Dimer elevated':

Request appropriate Leg ultrasound, prescribe therapeutic anticoagulation for one week (preferred choice: DOAC: Rivaroxaban 15mg bd OR Apixaban 10mg bd unless exceptions – such as pregnancy -where LMWH is preferred; please refer to Trust Guidance for more info) Discharge if no other concerns (example:s very high bleeding risk/social concerns); provide appropriate safety netting advice;

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Prior to discharge: refer to SDEC Huddersfield or AAU Calderdale via AMU coordinator (AAU will contact patient during in-hours regarding next steps including scan date/time, arrange formal review after scan and advice on anticoagulation continuation or discontinuation)

#### \*AAU Exclusion Criteria:

- NEWS  $\geq 4$ , however if something seems an appropriate case for AAU but NEWS elevated to be discussed with an AMU Consultant
- New oxygen requirement
- New/acute confusion
- Suspected NSTEMI with elevated Trop I (>39 females; >58 males), new LBBB, new ST depression or new T wave inversion – or suspected unstable angina