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#### The Ottawa | L'Hôpital Hospital d'Ottawa

## THROMBOSIS UNIT SUSPECTED/CONFIRMED DEEP VEIN THROMBOSIS (DVT) REFERRAL

If DVT is confirmed: • Complete section B only • Follow Thrombosis Unit referral checklist

# If consult is required, please fax this completed form to 613-737-8093 AND call ext 78060 to leave a detailed message.

Active Cancer (treatment ongoing or within 6 months or palliative)       I         Paralysis, paresis or recent plaster immobilization of the lower extremities       I         Recently bedridden more than 3 days, or major surgery, within 4 weeks       I         Localized tenderness along the distribution of the deep venous system       I         Localized tenderness along the distribution of the deep venous system       I         Entire leg swollen       I         Calf swelling 3 cm more than asymptomatic side (measured 10 cm below tibial tuberosity)       I         Pitting edema confined to the symptomatic leg       I         Collateral superficial veins (non-varicose)       I         Alternative diagnosis (see below):       I         NOTE: Inpatients with symptoms in both legs, the more symptomatic leg is used.       TOTAL:         Clinical probability: (Please check)       I         DVT unlikely:       Patient with 2 or more         A patient with 2 or more points will require imaging.       I cellulitis         DVT likely:       2 or more         D-Dimer(if indicated)       Positive Negative Left leg       Right leg         CBC       Hb Platelets Creatinine Other (please specify):	SECTION A Wells Clinical Model for Predicting Probability for	DVT		NO	YES	If YES SCORE		
Active Cancer (treatment ongoing or within 6 months or palliative)       Image: Cancer (treatment ongoing or within 6 months or palliative)         Paralysis, paresis or recent plaster immobilization of the lower extremities       Image: Cancer (treatment ongoing or within 6 months or palliative)         Paralysis, paresis or recent plaster immobilization of the lower extremities       Image: Cancer (treatment ongoing or within 6 months or palliative)         Paralysis, paresis or recent plaster immobilization of the deep venous system       Image: Cancer (treatment ongoing or within 6 months or palliative)         Recently bedridden more than 3 days, or major surgery, within 4 weeks       Image: Cancer (treatment ongoing or within 6 months or palliative)         Localized tenderness along the distribution of the deep venous system       Image: Cancer (treatment ongoing or within 6 months or palliative)         Calf swelling 3 cm more than asymptomatic side (measured 10 cm below tibial tuberosity)       Image: Cancer (treatment ongoing or within 6 months ongoing or within 6 mon	Previous DVT					1		
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SLN 125 (11/2014) SEE CHECKLIST ON REVERSE 1-	CLN 125 (11/2014) SEE CHECKLIST ON REVERSE 1-2							

# **OUTPATIENT THROMBOSIS UNIT REFERRAL CHECKLIST**

#### Is the patient appropriate for outpatient investigation/management?

### Refer to ER guidelines on infonet at:

http://infonet/documents emergency/Pulmonary%20Embolism%20or%20DVT.pdf

# If YES, then follow these steps:

**FAX** a copy of the **Thrombosis Unit Suspected/Confirmed DVT** form to **78093** 

Patient information package given to patient with a copy of Record of treatment (ROT), <u>ultrasound/CT/VQ</u> report (as applicable) if DVT has already been confirmed.

We will not be able to properly assess patient without at least a preliminary written diagnostic imaging report.

- Patient name, phone number, hospital number and <u>called</u> to <u>78060</u>
- □ If you have any questions or concerns please call the Thrombosis MD on call through locating at 14221
- □ If D-dimer negative and DVT unlikely please call the Thrombosis MD directly <u>before</u> referring patient