

DVT Pathway in Primary Care (suitable for Apixaban)

Exclusion Criteria	
If patient meets any of the criteria below refer to Acute Medical Unit (AMU)	
	tick
Pregnancy or breast feeding/postpartum	
Aged < 18 years	
Symptom of PE	
Systolic BP > 180 or Diastolic >115	
Anticipated compliance problems even with support	
Severe renal impairment(CKD stage 5 eGFR<15ml/min)	
Known liver failure	
Congenital/acquired bleeding disorders/platelets <90x109/L	
Gross limb oedema with ischaemia	
Weight over 120kg	

***Unless Bloods taken in the last 3 months**

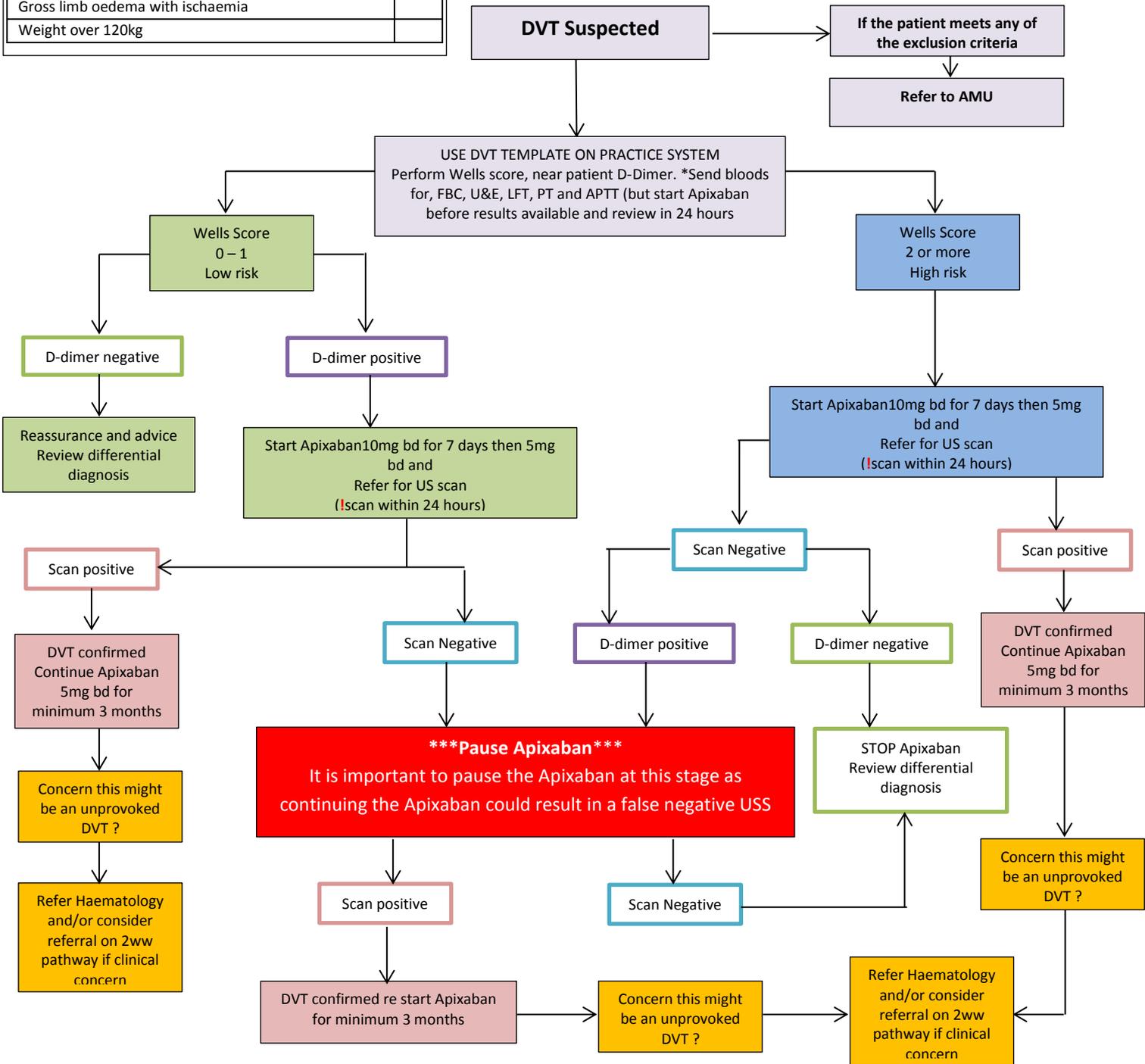
Prescribing Guidance advises that Apixaban should be used with caution in the presence of severe renal impairment.

For patients with mild/moderate renal impairment **NO** dose adjustment is necessary.

See Appendix 1 for the WELLS Score

See Appendix 1 for information on provoked/unprovoked DVT and Risk Factors

! Please ensure that the patient is given the PATIENT INFORMATION LEAFLET



THE DOSES QUOTED ABOVE MAY REQUIRE AMENDING FOR INDIVIDUAL PATIENTS. PRESCRIBERS SHOULD CONSULT THE SUMMARY OF PRODUCT CHARACTERISTICS AT <http://www.medicines.org.uk/emc/> FOR THE SELECTED AGENT AS DOSAGE CAN DEPEND ON SEVERAL FACTORS INCLUDING AGE, RENAL FUNCTION, CONCOMITANT MEDICATION AND BLEEDING RISKS

WELLS 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
Previous documented DVT	1
An alternative diagnosis is at least as likely as DVT	-2
Clinical probability simplified score	
DVT <i>likely</i>	2 points or more
DVT <i>unlikely</i>	1 point or less

The National Institute for Health and Care Excellence (NICE) refers to DVT as provoked or unprovoked:

Provoked DVT is DVT associated with a transient risk factor such as significant immobility, surgery, trauma, and pregnancy or puerperium. The combined contraceptive pill and hormone replacement therapy are also considered to be provoking risk factors. These risk factors can be removed, thereby reducing the risk of recurrence.

Unprovoked DVT is DVT occurring in the absence of a transient risk factor. The person may have no identifiable risk factor or a risk factor that is persistent and not easily correctable (such as active cancer or thrombophilia). Because these risk factors cannot be removed, the person is at an increased risk of recurrence

<p>Deep vein thrombosis (DVT) is more likely to occur in people with continuing or intrinsic risk factors, such as:</p> <ul style="list-style-type: none"> • A history of DVT. • Cancer (known or *undiagnosed). • Age over 60 years. • Being overweight or obese. • Male sex. • Heart failure. • Medical illness, for example acute infection. • Acquired or familial thrombophilia. • Inflammatory disorders (for example, vasculitis, inflammatory bowel disease). • Varicose veins. • Smoking. 	<p>Risk factors that temporarily raise the likelihood of DVT include:</p> <ul style="list-style-type: none"> • Recent major surgery. • Recent hospitalisation. • Recent trauma. • Chemotherapy. • Significant immobility (bedbound, unable to walk unaided or likely to spend a substantial portion of the day in bed or in a chair). • Prolonged travel (for more than 4 hours). • Significant trauma or direct trauma to a vein (for example intravenous catheter). • Hormone treatment (for example oestrogen-containing contraception or hormone replacement therapy). • Pregnancy and the postpartum period. • Dehydration
<p>*Investigations for cancer:</p> <ul style="list-style-type: none"> • Review the medical history and baseline blood test results, including full blood count, renal and hepatic function, prothrombin time (PT), and activated partial thromboplastin time (APTT), and offer a physical examination for people with unprovoked deep vein thrombosis (DVT) who are not known to have cancer. • Do not offer further investigations for cancer to people with unprovoked DVT unless they have relevant clinical symptoms or signs 	