**Clinical suspicion for deep venous thrombosis (DVT)**

**Clinical Features:** extremity swelling, pain, warmth, prominent superficial veins, a palpable cord and/or skin discoloration

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**Modified Wells Clinical Prediction Rule for DVT**

**Score 1 point for each of the following:**
- Active cancer (treatment or palliation in last 6 months)
- Paralysis, paresis or recent leg casting
- Bedridden ≥ 3 d or major surgery within 4 weeks
- Localized tenderness along deep venous system
- Entire extremity swollen
- Unilateral calf swelling > 3 cm below tibial tuberosity
- Unilateral pitting edema
- Prominent non-varicose collateral superficial veins

**Score -2 if alternative diagnosis as likely as DVT**

<table>
<thead>
<tr>
<th>Pretest Probability</th>
<th>Score</th>
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<tbody>
<tr>
<td>High (75% risk of DVT)</td>
<td>≥3</td>
</tr>
<tr>
<td>Intermediate (17% risk of DVT)</td>
<td>1-2</td>
</tr>
<tr>
<td>Low (3% risk of DVT)</td>
<td>0</td>
</tr>
</tbody>
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**Treatment Options for Proximal DVT**

- Unfractionated heparin 80 units/kg bolus → 18 units/kg/hr titrated to PTT
- Enoxaparin 1 mg/kg SQ q12h or 1.5 mg/kg SQ daily
- Fondaparinux 5 mg (<50 kg); 7.5 mg (50-100 kg); or 10 mg (>100 kg) SQ daily
- Concomitant warfarin & overlap with heparin or (lovenox) enoxaparin ≥ 5 days and INR 2–3 x 48 hrs
- Inferior vena cava filter if warfarin contraindicated or if recurrent DVT on adequate anticoagulation
- Early ambulation on heparin is safe

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**Evaluation of Suspected Lower Extremity Deep Venous Thrombosis**

Note: incidence of occult cancer is 10% with idiopathic VTE; recommend CXR, routine labs, and CT scan of abdomen and pelvis.
Suspected Recurrent LE DVT

- Normal high-sensitivity D-dimer excludes DVT
  - If D-Dimer elevated obtain a compression ultrasound of LE with Doppler
  - If Doppler ultrasound is positive*, treat for a DVT
  - If Doppler ultrasound is negative, repeat ultrasound exam in 1 week or perform a CT venogram
  - DVT excluded if either both ultrasound exams are negative or if CT venogram is negative.

* - positive compression ultrasound if there is a new noncompressible segment or an interval decrease in residual vein diameter more than 4 mm.
Evaluation of Suspected Upper Extremity Deep Venous Thrombosis

- Compression ultrasound with doppler
  - Positive: DVT present
  - Negative: Low clinical suspicion for DVT
    - MRV or CTV
      - Positive: DVT present
      - Negative: DVT excluded

- High clinical suspicion for DVT
  - High-sensitivity D-dimer
    - Positive: MRV or CTV
      - Positive: DVT present
      - Negative: DVT excluded
    - Negative: Treat

- Low clinical suspicion for DVT
  - DVT excluded

Note: The contents of this Clinical Practice Guidelines are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualized patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.