ALGORITHM FOR DUS EVALUATION OF SUSPECTED DVT

Patient presents for evaluation of suspected DVT

Assess clinical risk/probability for DVT

Determine need for DUS exam using the Clinical Risk Assessment score and D-Dimer results

Clinical Risk Assessment

1. Obtain D-Dimer
2. Calculate Well’s Clinical Risk Score

Wells Clinical Prediction Rule for DVT
- Active cancer (treatment within 6 months, or palliation) ➔ +1 point
- Paralysis, paresis, or recent immobilization of lower extremity ➔ +1 point
- Bedridden for > 3 days or major surgery within past 4 weeks ➔ +1 point
- Localized tenderness along distribution of deep veins ➔ +1 point
- Entire leg swollen ➔ +1 point
- Unilateral calf swelling > 3 cm difference from unaffected calf (below tibial tuberosity) ➔ +1 point
- Pitting edema confined to symptomatic leg ➔ +1 point
- Collateral superficial veins (non-varicose) ➔ +1 point
- Alternative diagnosis as likely as or more likely than DVT ➔ -2 points

Score (total points): ___________

Clinical Risk Score Interpretation (probability of DVT):
≥ 3 points: HIGH CLINICAL PROBABILITY (75%);
1 to 2 points: MODERATE CLINICAL PROBABILITY (17%);
< 1 point: LOW CLINICAL PROBABILITY (3%)

DUS = compression Doppler ultrasound performed on proximal leg veins only