

# ALGORITHM FOR DUS EVALUATION OF SUSPECTED DVT

## Clinical Risk Assessment

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

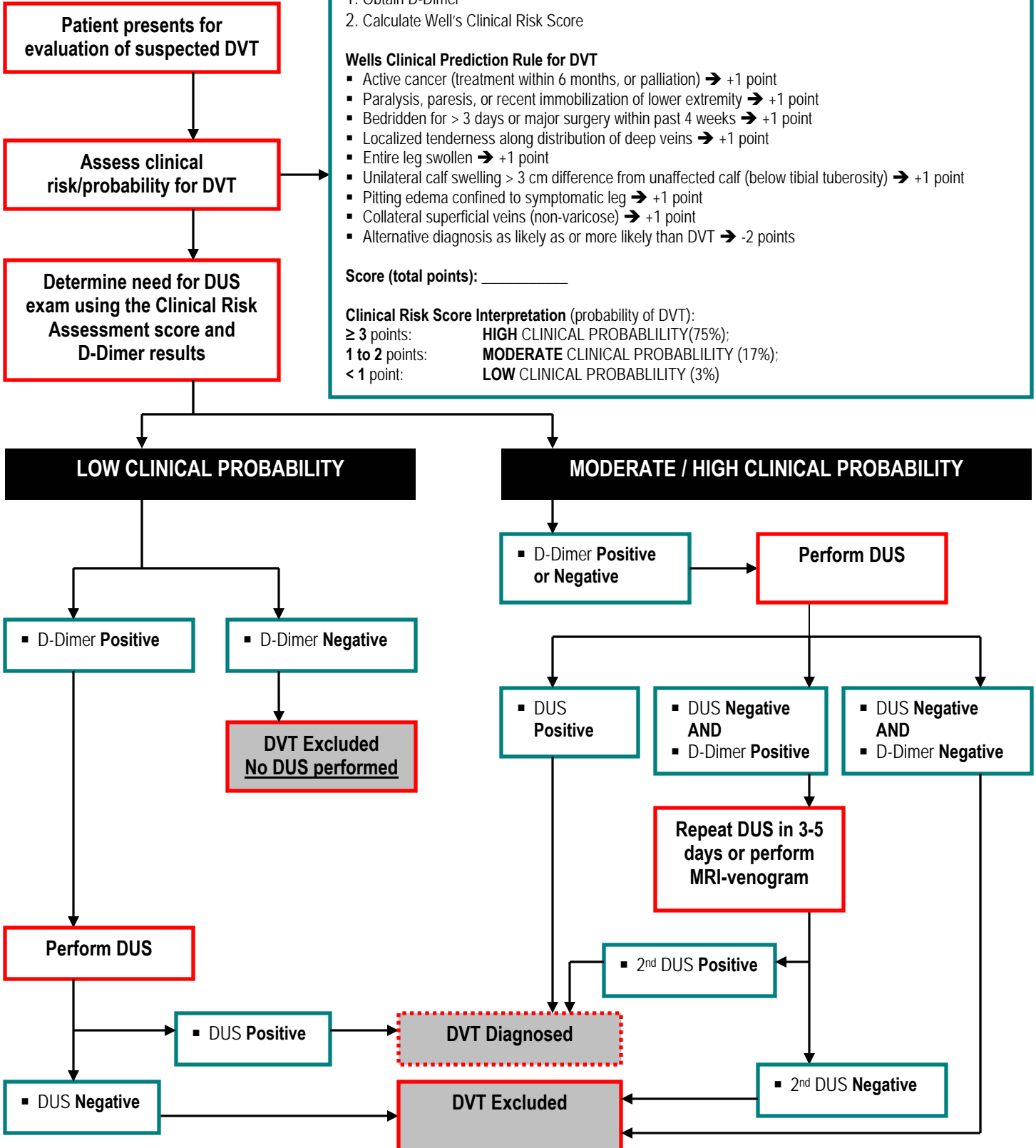
### Wells Clinical Prediction Rule for DVT

- 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