

# **DVT (Deep Vein Thrombosis) Pathway**

## **'Q&As' for GPs and practice staff**

Before the start of the new pathway on 11 February 2013, we have tried to anticipate some of the questions you may have about the new pathway.

This is intended as a live document and will be available on the CCG intranet site. As more questions are raised they will be up-dated frequently on the website.

### **1. How do I get the D-dimer test strips?**

The payment for the D-dimer test strips is included in the overall fee payable for this service. Each practice should source the test strips through their usual suppliers. We have recommended the use of the Alere Clearview test strips.

### **2. The D-dimer test is positive and Wells score is 2 or more, the USS is negative but fails to mention calf veins, what should I do?**

Either request a consultant review of the images to ensure a negative test or request a repeat scan in 7 days.

### **3. Is Rivaroxaban the only licensed DOAC?**

No Apixaban can also be used in the treatment of DVT.

### **4. Do patients on Apixaban/Rivaroxaban need to carry alert cards?**

Yes, they should be given out when the medication is started. The routine yellow packs used for warfarin are acceptable or specific ones for Apixaban/Rivaroxaban can be used.

### **5. How do I get starter packs?**

These are no longer available

### **6. What do I do if a patient presents to the practice on a Friday afternoon?**

Follow the pathway and anticoagulated the patient if indicated. Refer for a scan for the next working day, i.e. Monday morning.

### **7. If the Wells score is 2 or more I will start anticoagulation anyway, so what is the point of undertaking a D dimer test?**

The NICE guidance has changed so the pathway has changed. A D-dimer test is only needed if the Well's score is 2 and the intial USS is

negative. In that case should the D-dimer prove positive a repeat scan should be performed the following week.

**8. How do I contact the CCG if I have problems or queries about the new pathway?**

The lead GP for the pathway is Charles Parker and his e-mail address is [Charles.Parker@nhs.net](mailto:Charles.Parker@nhs.net). However, as Charles is not always available, if your query is urgent you should also copy the question to [HRWCCG.HRWCCGenquiries@nhs.net](mailto:HRWCCG.HRWCCGenquiries@nhs.net).

**9. I have done a D-dimer test in the practice and it was negative but the test in hospital was positive.**

When the research for this pathway was carried out the Alere Clearview test was chosen for use after the pathology lab locally approved the choice. At that time there were limited options. No further research has been done by the CCG to approve an alternative test. It may be that negative tests were due to choice of test strips, or if there was delay (more than half an hour) in testing the sample after it was taken, then the test is not reliable. At this point the CCG continue to recommend the Alere Clearview test.

**10. Why won't James Cook accept direct referral for USS for the DVT pathway**

The pathway is for HRWCCG patients only. It has not been accepted for South Tees CCG patients and as a result the hospital has refused to allow direct access scans at James Cook to avoid confusion. The Friarage and Scarborough Hospitals will accept direct referrals for any patients in HRWCCG to help in the diagnosis of DVT.