Deep Venous Thrombosis AMBULATORY CARE PLAN © 2019

Appendix

Out of hours suspected DVT referral form

AFFIX PATIENT DETAILS HERE:

	Name DOB CHI Address	
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Refer all pregnant patients to Obstetrics and Gynaecology Refer directly to AAU Ambulatory Care when open Out of Hours use referral protocol below if patient requires Doppler USS next Day

Steps		Tick		
Take Bloods – FBC, U&Es, LF	Ts, Calcium,			
Coagulation Screen/INR, gluco				
dimer				
Request USS Doppler on Trak				
1				
Check Platelet count and renal				
administer LMWH/ apixaban it				
indication to it or to anticoagula				
C				
Complete the patient's notes				
Book patient in for ambulatory				
next day				
-				
Advise patient to attend ACU to	he next day for			
Doppler USS and review				
Discharge with oral advice and				
leaflet below				
Name of Care Provider	Signature		Date	

Name of Care Provider	Signature	Date