Suspected Deep Vein Thrombosis (DVT)

Queensland Ambulance Service

Exclusion from transport to General Practice

- SOB or systemically unwell
- Increasing pain
- Cardiovascular instability
- Multiple comorbidities
- Pleuritic chest pain.

Management

- Analgesia as required.

General Practice

Assessment

🔥 Many conditions in the lower limb mimic DVT. Diagnosing DVT on clinical grounds without objective testing is unreliable.

1. Continually monitor observations
2. History including family history, oral contraception/HRT, active malignancy, smoker, obesity
3. Clinical examination as appropriate
4. Compression ultrasonography (if ultrasound services are not available e.g. After Hours), a single dose of Clexane should be administered with ultrasound to be performed as soon as possible the next day with review by G.P. and further treatment without delay. If Clexane has been given wait 10-12 hours before commencing Rivaroxaban.
**Management**

**Abnormal pulse oximetry consider PE and arrange transport to Emergency Department**

**First line treatment.**

Dosing guidelines/dosing schedule Rivaroxaban

- Rivaroxaban 15mg orally twice daily for 21 days (note: anticoagulant therapy should continue for at least 3 months)
- Follow up with usual G.P. at 72 hours
- Analgesia and compression stocking as required to assist with management of pain
- Early mobilisation should be encouraged.

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**Escalation triggers**

**Refer to the Emergency Department**

If the patient has any of the following, please refer them to the Emergency Department:

- Any contraindications to the listed pharmacotherapies
- Clinical concern of PE
- Complex patients with extensive comorbidities
- Any other serious clinical concerns not already listed.

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**Disclaimer:**

This clinical pathway is a suggested guideline only, based on current evidence, and does not replace use of clinical judgement.