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**DVT Service - Patient Record Card**

**FOR COMPLETION BY REFERRER**

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient name (in full): |  | Date of Birth: |  |
| NHS Number: |  | Date of referral |  |
| Patient Mobile Tel: |  | Patient Home Tel: |  |
| Home Address: |  |
| Registered Practice: |  | Practice Tel No: |  |
| Referring GP: |  | Practice Fax No: |  |
| CONSENT: Has the patient consented to record sharing with GP Care (for the purpose of direct provision of care, and for this service only)? | **Yes/No** |

**Detailed Information**

|  |  |
| --- | --- |
| Patient is mobile and can get on/off examination bed with minimal assistance | **Yes / No** *(If no, refer to secondary care)* |
| Patient has active cancer? | **Yes / No** |
| Is the patient pregnant/postpartum? | **Yes / No** |
| Is the patient on long term anticoagulation? | **Yes / No** | **If yes, drug name and dosage:** |
| Patient Presenting with *(circle as appropriate):* | Right Leg | Left Leg | Swollen | Painful | Red |
| Which anticoagulant do you feel patient would be most suitable for? | **Apixaban** | **Clexane** | **Rivaroxaban** | **Warfarin** |
| Please advise if patient has any additional sensory support needs? | Sight impairment | Hearing impairment | Speech impairment | Learning difficulties |
| Learning disability | Mental health | Physical disability | Progressive conditions/physical health |
| What is the patient’s main spoken language? |  |
| Does the patient require an interpreter? | **Yes / No** | Please give details: |

**Wells Score / D-dimer Test**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Tests Performed: |  | **Wells Score:** | *(If < 2, perform D-dimer test)* |
| D-dimer Test Result: | Positive / Negative |

**Pre-Scan Anti-Coagulant prescribed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Clexane**  | Weight: | kg | Date: |  |
| Date of injection: |  | Dosage: |  | Administered by: |  |
| Date of injection |  | Dosage: |  | Administered by: |  |
| **DOAC Prescribed - Name** |  | Dosage: |  |
| **Reason for no anticoagulation** |  |

At point of referral please send via **EMIS Managed Referral** to **GP Care**.

Email gpcare.dvt@nhs.net



**Deep Vein Thrombosis (“DVT”)**

**Patient Information Leaflet**

**Please read this carefully.**

**GP Care will contact you between 8am and 6pm Monday to Friday**

**(except bank holidays) to offer you an appointment.**

**We recommend you contact GP Care if we have been unable to reach you within 4 hours of being referred by your GP (within working hours) or by 11am the next working day.**

This leaflet explains what a Deep Vein Thrombosis (DVT) is and tells you how you will be cared for on the GP Care Community DVT pathway. This is a free service to NHS Patients and usually avoids you having to attend hospital.

**What is a DVT?**

A DVT is a blood clot (thrombosis) in the deep veins in the leg. It can sometimes lead to complications if the blood clot spreads to another part of the body, particularly the lungs. If a DVT is diagnosed quickly, usually patients can be treated safely at a local GP practice and avoid attending hospital.

**How is it caused?**

A DVT can be caused by a number of factors including:

* Long periods of inactivity during the day;
* Long journeys;
* Recent operations or stay in hospital;
* Injury to the leg;
* Pregnancy.

Previous personal or family history is also a risk.

**How do I know if I have a DVT?**

Patients with a DVT may have a painful and / or swollen leg. Your doctor will assess the risk of you having a DVT by clinical examination, asking you some questions and they may also do a simple blood test called a D-dimer.

If the doctor thinks you may have a DVT they will prescribe an anticoagulant tablet or Clexane injection. It is important that you collect your prescription straight away. If the pharmacy does not have any in stock, you must collect your prescription from another pharmacy. You will then be sent to a local clinic for an Ultrasound scan.

**What can I expect at the Ultrasound appointment?**

An Ultrasound scan uses sound waves to assess the flow of blood in your veins and identify any clots. You will be seen by a qualified Ultrasonographer who will scan the full length of your leg with a hand-held ultrasound device. The examination usually takes about 15 minutes and may cause some discomfort as they press on your veins.

**My scan shows I do not have a DVT. What happens next?**

A report with the findings from the scan will be sent to your doctor. You may need to make an appointment with your doctor for further advice.

**My scan shows a DVT. What treatment is needed?**

If the scan shows a DVT, you will begin treatment immediately with drugs called anticoagulants that make the blood clot more slowly. These include:

**Warfarin** – These are tablets which need to be taken alongside daily Clexane injections until the warfarin has taken full effect. This usually takes about 7-10 days. Whilst taking warfarin, people need to be carefully monitored. This is done by a blood test (“INR”) which measures the speed of blood clotting.

**Direct Oral Anti Coagulants (DOACs)** – These are tablets which work in a different way to warfarin, so people who take them do not need to have regular blood tests. You will be offered either Apixaban or Rivaroxaban. However they are not suitable for all patients.

 **Low molecular weight heparin (LMWH)** – These are injections used to treat pregnant women and people with cancer.

**What will happen at the DVT Treatment Centre?**If you are prescribed warfarin, you will also have daily Clexane injections for at least 5 days and until the INR level is stable. Your own GP will continue to monitor the warfarin dose and GP Care will see you again after 3 months of treatment.

If you are prescribed a DOAC, you will be seen again by GP Care after 1 week and after 3 months at a treatment centre of your choice.

If you need LMWH you will be taught how to inject yourself. You will be supported until you are confident with this. GP Care will see you after 1 week then again after 3 months of treatment.

After 3 months you will be discharged from GP Care and then be looked after by your own GP.

**How long will I need to stay on anticoagulation?**

This depends on a number of things but is around 3-6 months for most people. We will advise on this.

**If I’m on warfarin, do regular INR tests matter?**

These are vital to ensure you are taking the correct dose.

**Will I feel ill taking either medication?**

No, you should not feel unwell. If you do, please consult your own GP or pharmacist for advice.

**What can I do to prevent it recurring?**

* Stay as mobile as possible. If walking is difficult, exercise your legs and feet by flexing your knees and ankles, and rotating your feet.
* Drink plenty of fluids, eat a healthy diet and maintain a healthy weight;
* Don’t smoke;
* Consider compression socks when travelling.

**Why have I been referred to GP Care?**GP Care provides this community based service for the NHS, which has been put in place to enable you to be treated safely within the community and to enable you to carry on with your everyday life. However you may still need to attend hospital if you have other medical problems which make community treatment more difficult. Your GP will advise you if this is necessary.

**Who is GP Care?**GP Care is a Social Enterprise company. We work alongside the NHS to provide clinical services to patients in the Bristol, South Gloucestershire and North Somerset area.

**Feedback**

Your opinions on the service are welcome. You will be asked to complete a questionnaire once the treatment is complete. We believe in setting very high standards and value your comments. You can also feed back on the NHS website [https://www.nhs.uk/](https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=93619)

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