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**DVT Service - Patient Record Card**

**FOR COMPLETION BY REFERRER**

**Personal Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Patient name: |  | | Date of Birth: | |  | |
| NHS Number: |  | Date of referral | |  | | |
| Patient Mobile Tel: |  | Patient Home Tel: | |  | | |
| Home Address: |  | | | | | |
| Registered Practice: |  | Practice Tel No: | |  | | |
| Referring GP: |  | Tel 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 |
| Patient has had DVT diagnosed elsewhere, within past month, and is being referred for follow up only?  Yes please give details  No please continue to complete form below | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient is mobile and can get on/off examination bed with minimal assistance **Yes / No** | | | | | | | | | | | **If No** is hoist required **Yes / No** | | | | | | | |
| Patient has active cancer? **Yes / No** | | | | | | | | | | | CKD 4 **Yes / No** | | | | | | | |
| Is the patient pregnant/postpartum? **Yes / No** | | | | | | | | | | | Weight: kg Date: | | | | | | | |
| 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 |
| Duration of symptoms | | | Less than 2 weeks | | | | | | | 2-4 weeks | | | | 5-8 weeks | | | More than 8 weeks | |
| Which anticoagulant do you feel patient would be most suitable for? | | | **Apixaban** | | | | | | | **Rivaroxaban** | | | | **LMWH** | | | **Warfarin** | |
| Please advise if patient has any additional needs? | Sight impairment | | | | Hearing impairment | | | | | | | | Speech impairment | | | Dementia | | |
| Learning disability | | | | Mental health concern | | | | | | | | Physical disability | | | Progressive condition | | |
| What is the patient’s main spoken language? | | | | | | | |  | | | | | | | | | | |
| Does the patient require an interpreter? | | | | **Yes / No** | | | | | Please give details: | | | | | | | | | |

**Wells Score / D-dimer Test** (D dimer not appropriate during pregnancy or after recent childbirth, surgery, trauma, or an infection.)

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

**Pre-Scan Anti-Coagulant prescribed** (Please supply enough for 7 days)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **LMWH** Date of 1st injection: |  | Dose: |  | Administered by: | |  | |
| **DOAC Prescribed - Name** | NB. Edoxaban requires 5 day lead in with LMWH | | | Dose: |  | | |
| **Reason for no anticoagulation** |  | | | | | |  |

When referral form complete please send via **EMIS Managed Referral** to **GP Care** or Email [gpcare.dvt@nhs.net](mailto:gpcare.dvt@nhs.net)

NHS RGB

**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 the next available appointment.**

**It is important that you are seen as quickly as possible so please be prepared to travel to your**

**appointment (within the Bristol, North Somerset, South Gloucetershire area)**

**Please contact GP Care if they haven’t contacted you within 4 hours of being referred by your GP (within working hours) or by 11am the next working day.** **Telephone 0333 332 2101**

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 needs to be diagnosed and treated as quickly as possible to reduce the risk of it moving to the lungs. Most people can be treated safely without 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 a 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 blood test called a D-dimer.

If the doctor thinks you may have a DVT they will prescribe anticoagulant tablets or heparin injections, to slow down the blood clotting process, and refer you to GP Care for an Ultrasound scan.

Please collect your prescription and start taking the medication straight away. If the pharmacy does not have any in stock, you must collect your prescription from another pharmacy.

**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. It will be carried out by a Sonographer who will scan the full length of your leg. The examination usually takes about 15 minutes and may cause some discomfort as they press on your veins.

A Health Care Assistant will also be present and will act as a chaperone.

Please note that care may be provided by male and / or female staff.

**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 is inconclusive. What happens next?**

A second scan will be arranged 6-8 days after the first. GP Care’s Nurse will advise you on any care or treatment required between the scans.

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

If the scan shows a DVT, you will be transferred to the care of GP Care’s Nurses. They will discuss your ongoing treatment with drugs called anticoagulants that make the blood clot more slowly. These include;

**Direct Oral Anti Coagulants (DOACs)** – Apixaban or Rivaroxaban tablets.

These are suitable for most, but not all people, and do not require regular blood tests.

**Low molecular weight heparin (LMWH) –** These are injections used to treat pregnant women and people who are not suitable for DOACs

**Warfarin** – These are tablets which need to be taken alongside daily LMWH 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. These tests are essential to ensure that the correct dose of warfarin is prescribed.   
 **GP Care’s treatment pathway**

This is managed by GP Care’s Specialist DVT Nurses.

They will explain what having a DVT means and the treatment needed. Blood tests and urine samples will be taken if required.

If the cause of your DVT is not clear they will arrange an appointment for you, on a different day, to see one of the GPs who works with the service.They will contact you again after 1 week and after 3 months.

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

This depends on a number of things but will be at least 3 months.

**What can I do to prevent DVT 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 DVT service for the NHS. It provides safe and effective treatment in the community and avoids the need for a hospital appointment.

**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 your treatment is complete. 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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