



Unilateral limb swelling +/- erythema and pain

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> • Neurovascular compromise • Unable to cope at home with mobility limitations • If concomitant suspicion of PE, see PE pathway • If suspicion of cellulitis, see pathway 	<ul style="list-style-type: none"> • Suspicion of upper limb DVT – SSU to await confirmatory imaging, still likely to require admission on confirmation

KEY CONSIDERATIONS DURING SSU ADMISSION

<ul style="list-style-type: none"> • Imaging – doppler limb USS in-hours • Anticoagulate if staying overnight for USS in AM <ul style="list-style-type: none"> ○ Clexane 1mg / kg subcut stat (max dose 100 mg) • Consider other diagnoses <ul style="list-style-type: none"> ○ Infection / trauma • If DVT confirmed consider triggers i.e. immobility / travel / trauma / malignancy / OCP <ul style="list-style-type: none"> ○ Anticoagulate with NOAC or warfarin where safe for at least 3 months ○ Thrombophilic screen prior to long-term anticoagulation ○ Haematology review in 3 months

REFERRAL CRITERIA (Medical/Vasc)	DISCHARGE CRITERIA
<ul style="list-style-type: none"> • Unstable vital signs • Upper limb DVT • Lower limb DVT within 10 cm of saphenofemoral junction or pelvic extension • Failed mobility assessment with ACE • No other diagnosis requiring admission e.g. cellulitis 	<ul style="list-style-type: none"> • No symptoms of PE • Tolerating oral intake • Adequate social support • Mobilising safely

DISCHARGE REQUIREMENTS

<ul style="list-style-type: none"> • Follow up plan; <ul style="list-style-type: none"> ○ LMO with letter; Haematology clinic in 3 months – BOSSNET request required • Re-attendance advice including symptoms of PE • Medical certificate • Prescription for NOAC or warfarin + analgesia, avoid NSAID
