



## Objectives: Deep Vein Thrombosis and Pulmonary Embolus

1. In patients complaining of leg pain and/or swelling, evaluate the likelihood of deep vein thrombosis (DVT) as investigation and treatment differ according to risk.
2. In patients with high probability for thrombotic disease (e.g. extensive leg clot, suspected pulmonary embolus), start anticoagulant therapy if tests will be delayed.
3. Identify patients likely to benefit from DVT prophylaxis.
4. Utilize investigations for DVT allowing for their limitations (e.g. ultrasound and D-Dimer).
5. In patients with established DVT use oral anticoagulation appropriately (vitamin K antagonists or direct oral anticoagulants if appropriate) and consider length of treatment based on clinical history.
6. Consider the possibility of an underlying coagulopathy in patients with DVT, especially when unexpected.
7. Use compression stockings in appropriate patients, to prevent and treat post-phlebotic syndrome.
8. In patients presenting with symptoms including chest pain, shortness of breath or syncope, evaluate the likelihood of pulmonary embolus.
9. In patients with a suspected pulmonary embolus, arrange for urgent CT-angiography or ventilation-perfusion imaging to confirm the diagnosis.
10. In patients with a pulmonary embolus, treat as clinically indicated (anticoagulation, thrombolysis, thrombectomy etc...)
11. In patients with a contraindication to anticoagulation, consider placement of an inferior vena cava filter.

\*\* Mapped to the CFPC's 105 priority topics: #22-Deep Venous Thrombosis