

GP DVT Diagnosis Pathway

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Answers:

Why this new programme?

Patients with possible DVT who need an ultrasound as part of diagnosis, and who cannot afford to access this privately, need to go to Waikato Hospital Emergency Department (ED). As well as being inconvenient for the patient in terms of travel and time, these patients are relatively low priority so often have lengthy waits simply to be assessed and then again for ultrasound. Some may have to return the next day for an ultrasound. This pilot will give access to funded ultrasounds via the private providers for all patients. Only patients with proven DVTs will need to attend ED. It will also provide access to enoxaparin (Clexane) via Anglesea Clinic Accident and Medical for patients who have a delay of more than 6 hours for ultrasound or D-dimer result.

The pilot is funded for 270 patients or 1 year whichever is reached first. A decision about continuing or extending the programme will depend on success of the pilot.

You remain responsible for the patient through the process. **If you have any clinical concerns (irrespective of the Wells score) or are unsure about any aspect of management you must consult with the Emergency Department consultant (not registrar) on duty or refer the patient to ED.**

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Can I refer anyone I suspect of having a DVT through this programme?

ACC covered conditions are not included because they are covered by ACC funding.

Pregnant patients or those 4 or less weeks post partum are excluded. They require special management and should follow normal referral processes via specialist services.

All other patients can be included as long as they fit the criteria of the GP DVT Diagnostic Pathway.

If your patient does not fulfil criteria for ultrasound access but clinical suspicion remains high you must discuss the patient with the Emergency Department consultant (not registrar) on duty or refer the patient to ED.

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What will be funded under the pilot?

Funding will cover the cost of ultrasound delivered by the private radiology providers and consultation fees for those patients who need to go to Anglesea Clinic Accident and Medical for enoxaparin. Funding does not cover general practice consultation fees or fees for patients presenting to Anglesea Clinic Accident and Medical as their first point of contact. The pilot covers only those patients referred from practices who use Anglesea Clinic Accident and Medical as their after hours provider.

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Why can't I prescribe enoxaparin?

You could but because it is not on the PHARMAC community schedule the patient would pay the full cost of the drug. In the pilot Anglesea Clinic Accident and Medical will be supplied by Waikato Hospital Pharmacy under the PHARMAC discretionary community supply scheme, so the drug will be free to the patient.

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Why restrict it to those practices using Anglesea Clinic Accident and Medical as their after hours provider?

Because the pilot is a change from normal practice, the limited scope will enable it to be carefully monitored. However, if the pilot is successful the intention is to extend the programme across the whole DHB. Enoxaparin comes in a range of dosage vials and dosage is determined on a mg/kg basis, so it is not possible to provide all practices with supplies of the drug. Anglesea Clinic Accident and Medical will be the depot for enoxaparin.

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Will this community-based treatment cost more for my patient?

Patients included in this programme would previously have presented to their GP before referral to hospital, so would have been paying the cost of the first visit in any case. Ultrasound will be free to the patient as will visits to Anglesea Clinic Accident and Medical specifically for enoxaparin.

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How do I refer patients for this service?

You must use and complete the relevant sections of the specific **GP DVT Diagnostic Pathway referral form**, available in hardcopy with this pack, on Medtech and VIP systems as an electronic document, and printable from the WDHB website: www.waikatodhb.govt.nz/GP under primary care management guidelines - DVT. Give the form to the patient to take to the next provider e.g. radiology or Anglesea Clinic Accident and Medical. As patients with a positive ultrasound result will be referred directly to ED from the ultrasound provider it is important that any relevant medications or past medical history are included in the appropriate portion of the referral form. Alternatively you can attach a copy of your consultation notes to the referral form.

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Do all patients need a D-dimer?

Only those who score 1 or less on the Wells score need D-dimer as a first step. If the Wells score is 1 or less **and** the D-dimer is negative, the risk of DVT is very low and ultrasound is not indicated. Those who score 2 or more are high risk and should have an ultrasound. Those with a Wells score of 2 or more, who subsequently have a normal ultrasound, should have D-dimer after the ultrasound. If their D-dimer is positive they need a repeat ultrasound in 1 week to exclude the possibility of a developing DVT.

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How quickly can I get a D-dimer result?

The test is available on an on-call basis 24 hours/day via Pathlab. Laboratory turn around time is <1 hr, but actual turn around is dependent on collection location. The test is stable for 24hrs so samples can be taken and stored overnight in the fridge if no immediate answer is necessary.

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What if there is a delay in getting the D-dimer result but I am clinically suspicious?

When a patient has a pre-test probability of 1 or less and there may be a delay of more than 6 hours in accessing D-dimer but clinical suspicion is high, you should refer them to Anglesea Clinic Accident and Medical for enoxaparin, using the GP DVT Diagnostic Pathway referral form. This will be free to the patient.

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What if the D-dimer result will be available, but only after I have finished for the day?

It is your responsibility to arrange for follow up of the result. It may be possible to enlist the assistance of Anglesea Clinic Accident and Medical in consultation with staff there.

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Is the ultrasound free?

Yes – as long as patients fulfil the criteria and are referred using the specific GP DVT Diagnostic Pathway referral form.

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Are ultrasounds available 7 days/week?

Ultrasounds are available during normal working hours 7 days/week. From Monday to Friday they are provided by the private providers and, only at the weekend, by Waikato Hospital radiology department, via the radiology on call registrar. See contact details on the GP DVT Diagnostic Pathway notes provided to you with this pack and also available on www.waikatodhb.govt.nz/GP under primary care management guidelines – DVT or on the Pinnacle website: (<http://www.pinnacle.org.nz/clinical/pmwiki.php?n=Main.Clprojects>) for Pinnacle members.

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What happens if the patient has a positive ultrasound?

The private ultrasound providers will contact you while the patient is with them to inform you of the result. They will refer patients with positive ultrasounds directly to Waikato Hospital ED for treatment. You may like to inform your patient of this process before referral to ensure they understand what will happen if the ultrasound is positive for a DVT. Patients with normal ultrasounds will be asked to see you for review on the next working day, unless you advise differently.

Because contact with the referring GP may be practically difficult at the weekend, the Waikato Hospital radiology on call registrar will arrange for those with positive ultrasounds to go straight to ED for treatment and advise those with negative ultrasounds to see you for review the next working day.

A formal report of the ultrasounds will come to you via the usual route.

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What if the patient has to have the ultrasound repeated in 1 week – i.e. Wells score 2 or more, ultrasound negative and D-dimer positive, or on review the clinical situation changes and they would now fulfil the access criteria?

The ultrasound will be funded as long as the patient is referred with an appropriately completed GP DVT Diagnostic Pathway referral form. If the initial Wells score is 2 or more with a negative ultrasound but positive D-dimer simply circle “follow up referral” in the ultrasounds referral section of the GP DVT Diagnostic Pathway referral form. All others need a repeat of the full assessment.

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What if I have clinical concerns but the patient doesn't fit the access criteria?

If the patient does not fulfil the criteria for ultrasound access but clinical suspicion remains high you **must** discuss with the Emergency Department consultant (not registrar) on duty or refer the patient to ED.

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If the ultrasound result is positive, can I get enoxaparin or refer to Anglesea for enoxaparin for treatment?

No. Enoxaparin is only available through this pilot to cover those who will have a delay of more than 6 hrs for ultrasound or D-dimer result. **Any patient with a positive ultrasound must go directly to Waikato Hospital ED to commence treatment.** If this pilot is successful the intention is to investigate the possibility of a treatment pathway in primary care.

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Is this another project that will be pulled after a year?

This is a pilot project, funded by the Waikato DHB for the next year. Outcomes such as whether there is a reduction in ED presentations for DVT will be measured. If it demonstrates benefit to patients, GPs and Waikato DHB, it will be piloted in the whole DHB area for a further year. It is also a case of ‘use it or lose it’. We believe this is an opportunity for general practice to demonstrate, as with the IV cellulitis programme, that there are services that are more appropriately delivered in the community. So let's make this work!

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If I have questions, who do I speak to?

Consult the Haematology consultant (not registrar) on call if the question is about enoxaparin, or ED consultant (not registrar) on duty if you have other clinical questions about a particular patient. Otherwise Erica Amon 07 857 1559/ Erica.Amon@waikatopho.org.nz or Linda Rademaker 07 839 8899 ext 23085/ rademakl@waikatodhb.govt.nz

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