

## Guidelines for patients with suspected DVT with negative CUS

### Does patient have one of the following?:

- positive D-Dimer
- active malignancy
- previous VTE
- pregnancy
- no obvious reversible provoking factor for VTE
- immobility

Yes



### Consider an alternative diagnosis including:

- Cellulitis
- Post-thrombotic syndrome
- Superficial thrombophlebitis
- Ruptured Baker's cyst
- Haematoma in muscle or muscle tear/strain
- Dependent (stasis) oedema/lymphatic obstruction
- Arthritis
- Heart failure/cirrhosis/nephrotic syndrome
- External compression of major veins e.g.. by foetus/cancer
- AV fistula

No



### Consider:

- (a) Requesting full leg CUS via AMU  
and / or
- (b) Anticoagulation (as long as bleeding risk acceptable) for 3 months or until provoking factor has resolved

**NB: If clinically you think patient has DVT despite negative serial CUS and the bleeding risks are acceptable then clinical judgement is crucial and anticoagulation can be reasonable.**