

Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal
Québec
 Hôpital général du Lakeshore

AC accueil clinique

N° dossier / Chart N° _____ DDN/DOB _____ Sexe/Sex _____

Nom / Name _____ Prénom / First Name _____

Nom de la mère / Name of mother _____

Adresse / Address _____

Tél. / Tel. _____

N° assurance maladie / Medicare Card N° _____ Expiration _____

HLAS HGL CHSM HSA
 CHSLD DBV CHSLD DOR CHSLD LACH IUSMD
 CHSLD GD CHSLD NP CLSC LAS

PRE-PRINTED INDIVIDUAL ORDER TITLE :
Referral to the Clinic Access Service for Suspicion of Deep Vein Thrombosis (DVT)

Init. MD/ NP	Referral to the Clinical Access Service for Suspicion of DVT																						
	<p>Allergies : _____ Height : _____ Weight : _____</p> <p><input type="checkbox"/> Breastfeeding <input type="checkbox"/> Liver impairment <input type="checkbox"/> Kidney impairment <input type="checkbox"/> Others: _____</p> <p>Clinical information and relevant personal and family medical history : _____</p>																						
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:85%;">Wells Score</th> <th style="width:15%;">Check</th> </tr> </thead> <tbody> <tr><td>1. Active cancer within previous 6 months (treatment ongoing or palliative)</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>2. Paralysis, paresis, or recent orthopedic casting of the suspected extremity</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>3. Recently bedridden > 3 days or major surgery within the past 4 weeks</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>4. Localised tenderness along the distribution of the deep venous system</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>5. Calf swelling by more than 3 cm when compared with the asymptomatic leg</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>6. Pitting edema (greater in the symptomatic limb)</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>7. Collateral superficial veins (non-varicose) visible</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>8. Entire leg swollen</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>9. Previously documented DVT</td><td style="text-align: center;"><input type="checkbox"/> 1 point</td></tr> <tr><td>10. Alternative diagnosis as likely or more than that of DVT (Muscle damage, inguinal lymphadenopathy, chronic venous insufficiency, varicose veins, Baker cyst, cellulitis, knee injury, arterial insufficiency.</td><td style="text-align: center;"><input type="checkbox"/> -2 points</td></tr> </tbody> </table> <p>Total Wells score: _____</p> <p>I have given to the patient the prescription for suspicion of DVT</p> <p>I confirm that the person referred meets all general admission criteria for the Clinical Access Service (see CDR-XXX-00) as well as the specific inclusion criteria of the condition. I also confirm that the person does not have general exclusion criteria for the Clinical Access Service (see CDR-XXX-00) or specific exclusion criteria of the condition.</p> <p>I confirm that the person referred has received the instruction sheet and has been instructed to wait for the nurse from the Clinical Access Service to call them.</p> <p>I have read the description of the roles of the referring MD/NP and of the nurse of the Clinical Access Service in the <u>Cadre de référence (CDR-XXX-000)</u> and I agree to the interventions mentioned in the algorithm.</p> <p>⇒ Fax this form and the prescription for suspicion of DVT to 514-630-2870</p> <p>Name of clinic : _____ Fax # : _____</p> <p>Phone # for the next 24 hours : _____</p> <p>If unavailable, MD/NP who will do the follow-up : _____ Phone # : _____</p>	Wells Score	Check	1. Active cancer within previous 6 months (treatment ongoing or palliative)	<input type="checkbox"/> 1 point	2. Paralysis, paresis, or recent orthopedic casting of the suspected extremity	<input type="checkbox"/> 1 point	3. Recently bedridden > 3 days or major surgery within the past 4 weeks	<input type="checkbox"/> 1 point	4. Localised tenderness along the distribution of the deep venous system	<input type="checkbox"/> 1 point	5. Calf swelling by more than 3 cm when compared with the asymptomatic leg	<input type="checkbox"/> 1 point	6. Pitting edema (greater in the symptomatic limb)	<input type="checkbox"/> 1 point	7. Collateral superficial veins (non-varicose) visible	<input type="checkbox"/> 1 point	8. Entire leg swollen	<input type="checkbox"/> 1 point	9. Previously documented DVT	<input type="checkbox"/> 1 point	10. Alternative diagnosis as likely or more than that of DVT (Muscle damage, inguinal lymphadenopathy, chronic venous insufficiency, varicose veins, Baker cyst, cellulitis, knee injury, arterial insufficiency.	<input type="checkbox"/> -2 points
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Physician or Nurse Practitioner				
Name (in block letters)	Signature	License N°	Date (YY – MM – DD)	Hour

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HLAS HGL CHSM HSA
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Ordonnance pour suspicion de thrombose veineuse profonde
Prescription for Suspicion of Deep Vein Thrombosis

N° dossier / Chart N° DDN/DOB Sexe/Sex

Nom / Name Prénom / First Name

Nom de la mère / Name of mother

Adresse / Address

Tél. / Tel.

N° assurance maladie / Medicare Card N° Expiration

Init. MD/IPS/NP	Ordonnance pour suspicion de thrombose veineuse profonde / Prescription for Suspicion of Deep Vein Thrombosis
	<p><u>ANTICOAGULANTS ORAUX DIRECTS / DIRECT ORAL ANTICOAGULANTS</u> ⇒ Contre-indications aux anticoagulants oraux directs / Contraindications to direct oral anticoagulants :</p> <ul style="list-style-type: none"> - Allaitement / Breastfeeding - Prise de : kétoconazole, itraconazole, posaconazole, phénytoïne, carbamazépine, phénobarbital, rifampicine, ritonavir (liste non-exhaustive) / use of : ketoconazole, itraconazole, posaconazole, phenytoine, carbamazepine, phenobarbital, rifampicine, ritonavir (non-exhaustive list) - Insuffisance rénale ou insuffisance hépatique sévère / Renal failure or severe hepatic failure <p><u>Choisir maximum 1 / Choose 1 maximum</u></p> <p>_____ Rivaroxaban (Xarelto®) 15 mg 1 co/tab PO q 12h x 14 jours/days (total 28 doses) NR CV157 OU / OR</p> <p>_____ Apixaban (Eliquis®) 5 mg, 2 co (10 mg) PO q 12h pour 7 jours (total 14 doses), suivi de 5mg 1co PO q 12h x 7 jours / Apixaban (Eliquis®) 5 mg, 2 tab (10 mg) PO q 12h for 7 days (14 doses), followed by 5mg, 1 tab PO q 12h x 7 days NR CV169</p> <p><u>ANALGÉSIQUE/ ANALGESIA:</u></p> <p>_____ Acétaminophène/Acetaminophen 650 mg PO q 4h PRN Qté/Qty = _____ NR</p> <p><u>Choisir maximum 1 / Choose 1 maximum</u></p> <p>_____ Oxycodone 2.5 mg PO q4h PRN x 7 jours/days. Qté/Qty = _____ NR OU / OR</p> <p>_____ Oxycodone 5 mg PO q4h PRN x 7 jours/days. Qté/Qty = _____ NR OU / OR</p> <p>_____ Acétaminophène/Acetaminophen 325 mg + Codéine/Codeine 30 mg 1-2 co/tab q 6h PRN Qté/Qty = _____ NR</p> <p><u>Préciser SVP/ Please specify :</u></p> <p>Le traitement d'anticoagulothérapie / the anticoagulation therapy : <input type="checkbox"/> A été débuté au bureau du MD/IPS / Was started at the MD/NP's office OU/OR <input type="checkbox"/> Sera débuté à l'Accueil clinique, selon l'algorithme décisionnel / Will be started at the Clinical Access Service, as per algorithm</p>

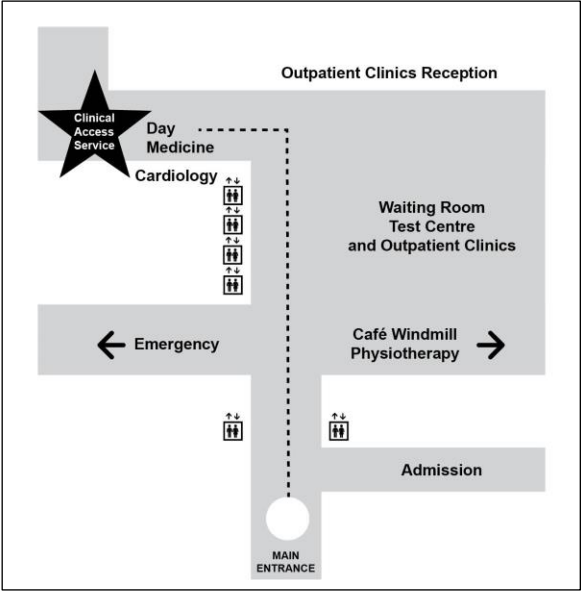
Médecin ou infirmière praticienne spécialisée / Physician or Nurse Practitioner

Nom (en lettres moulées) / Name (in block letters)	Signature	N° de permis / License N°	Date (AA/YY - M/M - J/D)	Heure / Hour
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Document to Give to Patients

What is the Clinical Access Service? Your doctor or specialized nurse practitioner (SNP) has referred you to the Clinical Access Service because your condition is considered semi-urgent. This service will give you tailored access to diagnostic tests and specialists as quickly as possible.

Here is the procedure: The Clinical Access Service nurse will be available throughout the diagnostic period to answer your questions. You can call them at **514-630-2225, ext. 1719** during opening hours (Monday to Friday from 8:00 a.m. to 4:00 p.m., except on holidays).

<p>1. The physician or SNP will give you documents when you leave their office:</p> <ul style="list-style-type: none"> • A referral to the Clinical Access service • A prescription for the pharmacy (in certain cases) 	<p>2. As soon as they receive the referral, the Clinical Access Service nurse <u>will call you</u> by phone to schedule an appointment with you.</p> <p><u>*Make sure you are easily reachable</u></p>
<p>3. You must bring to your appointment:</p> <ul style="list-style-type: none"> • Your hospital card (if you do not have one, go to the Admissions office BEFORE coming to Clinical Access Service) • Your health insurance card • A list of all your medications • The documents your physician/SNP gave you 	<p>4. Appointment at Clinical Access Service <u>Lakeshore General Hospital</u> 160 Stillview Avenue, Pointe-Claire, Ambulatory Centre, 1st Floor, Day Medicine</p>
<p>5. Parking:</p> <ul style="list-style-type: none"> • Parking on the streets surrounding the hospital is restricted to residents only at certain times of the day. • Hospital Parking Rates: <ul style="list-style-type: none"> - Under 2 hours.....free - 2 hours to under 4 hours..\$6 - More than 4 hours.....\$10 	



Can I continue to be physically active?

At first, the pain in the affected limb may reduce your mobility. While waiting for the results of your venous Doppler test or your consultation with the specialist, it is best to rest without completely stopping your activities. Here are some useful tips on what activities are allowed and what should be avoided.

- Walk, move your legs, feet and toes regularly, as tolerated;
- Alternate rest periods with walks lasting no longer than 15 minutes;
- Keep your leg raised when sitting;
- Only use a mechanical aid (crutch, cane, walker, etc.) if you feel the need or if there is a risk of falls. Be careful, it would be a shame to further complicate your situation with a fracture;
- Avoid prolonged standing and strenuous physical exercise;
- Avoid massaging the area that is tender or swollen and avoid wearing tight socks or clothing as it could impede circulation;

IMPORTANT: Before taking over-the-counter pain relievers or natural products, please consult your pharmacist.

Questions?

- **The nurse at the Clinical Access Service**, Monday through Friday, from 8 am to 4 pm (except statutory holidays) at 514-630-2225 extension 1719;
- **Info-Santé nurse by dialing 811**. This service is available 24/7;
- **Your pharmacist** can also advise you when it comes to your medication.

Other available resources:

- Both resources are available at your CLSC or online at www.osezlasanté.ca:
- **Health Education Centre** to review your lifestyle habits;
 - **Smoking Cessation Centre** to help you stop smoking.

PREPARED BY: Sylvie Aubin, Nurse Clinician. COLLABORATORS: Dr. Henry Lapin, Internist and Micheline Hotte, Senior Nursing Advisor with the ND REVISÉ BY: Laetitia Olone Konzabi, inf. B.Sc, M.Sc.(c), Nursing Advisor.

LAKESHORE
GENERAL HOSPITAL

CLINICAL ACCESS SERVICE



PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY



SUSPECTED DEEP VEIN THROMBOSIS (DVT)

YOUR APPOINTMENTS:



- **Blood tests** (no fasting required):
Date and time: _____
Location: Ambulatory Centre – Day Medicine, Room 1900
- **Venous Doppler:**
Date and time: _____
Location: Medical Imaging Department, Ground Floor
- **Internal Medicine consultation** (if needed)
Date and time: _____
Location: Ambulatory Centre

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What is deep vein thrombosis or DVT?

Deep vein thrombosis (DVT) occurs when a blood clot forms and partially or completely blocks blood flow through a vein. The most common symptoms include pain, warmth, swelling and redness near the affected area (usually the calf or thigh). Since there is a risk a blood clot can break away and be carried to another site and may cause complications in a lung or elsewhere, it is important to closely follow your healthcare provider's recommendations.



Why use the Clinical Access Service?

The nurse at the Clinical Access Service will perform an assessment with the help of a health questionnaire to determine what may have contributed to the DVT. The nurse will also request blood tests and, depending on the results, may ask that you undergo an imaging test known as a venous Doppler ultrasound. Sometimes, several appointments are needed to monitor your progress.

The nurse at the Clinical Access Service will keep your doctor or nurse practitioner specializing in primary care informed. Your healthcare provider will receive a copy of all your laboratory and diagnostic test results.



What is a venous Doppler?

A Doppler ultrasound is an imaging test that takes about 30 minutes to complete. It does not require any preparation. The goal of the exam is to see how well blood is moving through the veins and to find the exact location and extent of the phlebitis. The technologist will apply a small device that looks like a microphone on the veins to assess their resistance. You will feel some pressure and it may be somewhat uncomfortable, but it is necessary for the diagnosis. If you have any concerns, speak to your doctor.



What causes DVT?

It goes without saying that risk factors such as a family history of DVT, certain illnesses, physical trauma or an injury sustained in the lower extremities, or recent surgery and post-surgical immobilization can predispose individuals to DVT. Other factors that may contribute include being overweight, being sedentary and prolonged periods of inactivity (such as long journeys by car or plane, for example).



What signs and symptoms should I watch out for?

Most blood clots dissolve on their own and do not result in complications. However, if a blood clot in a vein breaks free and travels to the lungs, it can cause a pulmonary embolism.

You will be prescribed medication to reduce the risk of complications.

The symptoms of a pulmonary embolism are:

- Rapid heart rate of over 100 beats per minute that persists despite rest;
- Difficulty breathing normally (dyspnea) or an increase in respiratory rate above 28 breaths per minute that persists despite rest;
- Chest pain that occurs suddenly and worsens when breathing or coughing;
- A feeling of dizziness despite rest, sometimes accompanied by weakness;
- Fever (over 38.5 °C);
- Coughing up blood;
- Pain in the affected limb that has increased or worsened significantly since your visit to the Clinical Access Service.



If you experience one or more of these symptoms, do not wait for your appointment at the Clinical Access Service. Go to the Emergency as soon as possible. When you report to the Emergency Department, tell the triage nurse that you are currently being assessed and are followed at the Clinical Access Service and that you may be experiencing a possible complication since your last medical appointment.

HAVING A HEALTHY, ACTIVE LIFESTYLE CAN HELP REDUCE THE RISK OF DEVELOPING DVT.