**All patients with confirmed VTE (unless managed as medical inpatients) need a SDEC review.**

**The reasons for this review.**

1. Review FBC, UE, LFT, Bone, Clotting, urinalysis and PSA (men only)
2. Confirm appropriate anticoagulation medication and prescription (if not suitable for DOAC continue LMWH and arranged appropriate outpatient or community warfarin loading **NEVER load on SDEC.** Use Panda- anticoagulation referral.
3. Decision on duration of anticoagulation- if unprovoked or unsure continue until after VTE clinic review.
4. Systems review (SR) & Full examination of patient including abdomen
5. If abnormal SR or examination or bloods- senior decision on whether imaging is required
6. Identify risk factors for VTE and VTE status- provoked vs unprovoked.
7. Arrange VTE follow up- all SDEC patients- use VTE nurse referral form. For inpatients- state the need for VTE follow up on the discharge summary. Never ask for a VTE clinic within a timeframe, it is always next available and this can be 4 months after diagnosis.
8. Ensure all aspects of care are being managed prior to VTE review which will happen at least 3 months after diagnosis.
9. Clearly document your findings in the SDEC discharge summary- this means on-going concerns are easily visible to the VTE service on panda (Most important at PRH as the written notes are not scanned and the VTE staff work at RSCH)