# Appendix C: Two-level Wells score tables and algorithms for diagnosis

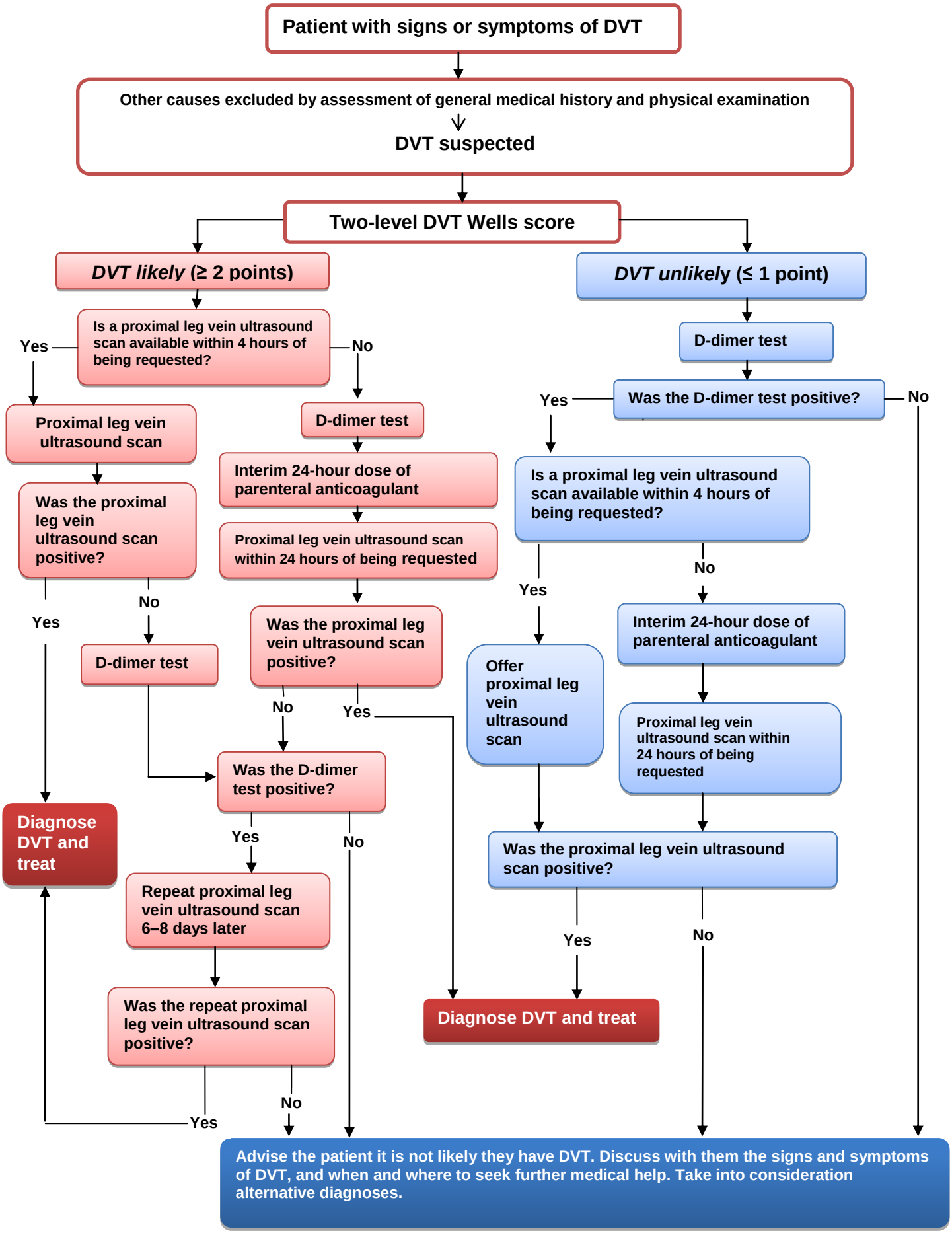
## *Deep vein thrombosis (DVT)*

**Table 1 Two-level DVT Wells score[a]**

| ***Clinical feature*** | ***Points*** |
|---|---|
| Active cancer (treatment ongoing, within 6 months, or palliative) | 1 |
| Paralysis, paresis or recent plaster immobilisation of the lower extremities | 1 |
| Recently bedridden for 3 days or more or major surgery within 12 weeks requiring general or regional anaesthesia | 1 |
| Localised tenderness along the distribution of the deep venous system | 1 |
| Entire leg swollen | 1 |
| Calf swelling at least 3 cm larger than asymptomatic side | 1 |
| Pitting oedema confined to the symptomatic leg | 1 |
| Collateral superficial veins (non-varicose) | 1 |
| Previously documented DVT | 1 |
| An alternative diagnosis is at least as likely as DVT | −2 |
| ***Clinical probability simplified score*** | |
| **DVT likely** | **2 points or more** |
| **DVT unlikely** | **1 point or less** |

[a] Adapted with permission from Wells PS et al. (2003) Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis.

## Algorithm 1 Diagnosis of DVT



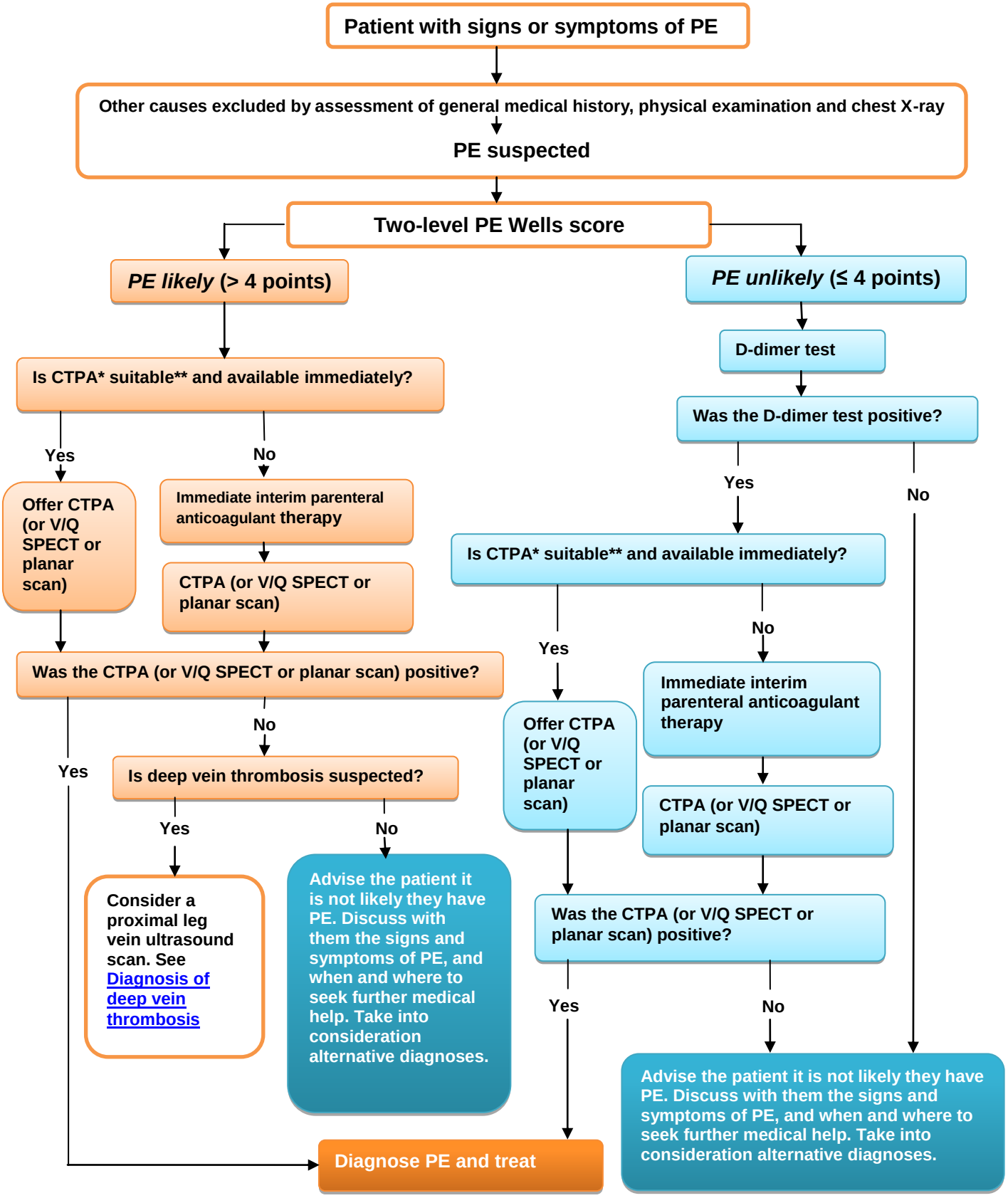
## Pulmonary embolism (PE)

**Table 2 Two-level PE Wells score[a]**

| ***Clinical feature*** | ***Points*** |
|---|---|
| Clinical signs and symptoms of DVT (minimum of leg swelling and pain with palpation of the deep veins) | 3 |
| An alternative diagnosis is less likely than PE | 3 |
| Heart rate > 100 beats per minute | 1.5 |
| Immobilisation for more than 3 days or surgery in the previous 4 weeks | 1.5 |
| Previous DVT/PE | 1.5 |
| Haemoptysis | 1 |
| Malignancy (on treatment, treated in the last 6 months, or palliative) | 1 |
| ***Clinical probability simplified score*** | |
| **PE likely** | **More than 4 points** |
| **PE unlikely** | **4 points or less** |

[a] Adapted with permission from Wells PS et al. (2000) Derivation of a simple clinical model to categorize patients' probability of pulmonary embolism: increasing the model's utility with the SimpliRED D-dimer. Thrombosis and Haemostasis 83: 416–20

## Algorithm 2 Diagnosis of PE




*Computed tomography pulmonary angiogram

**For patients who have an allergy to contrast media, or who have renal impairment, or whose risk from irradiation is high, assess the suitability of V/Q SPECT† or, if not available, V/Q planar scan, as an alternative to CTPA.

†Ventilation/perfusion single photon emission computed tomography