

D-dimer for DVT or PE

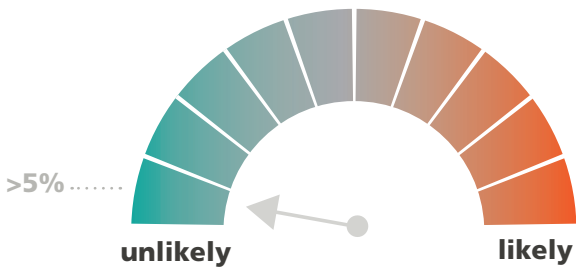
SHOULD I TEST?

1 Will it make a difference?

| | | | |
|---------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|
| <p>No patient doesn't want to know</p> | <p>No patient is already on or can't receive anticoagulation</p> | <p>No patient has HIGH risk for DVT—proceed to definitive testing</p> | <p>Yes take next steps</p> |
|---------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------|

2 What is the chance of disease before testing?

<5% PRETEST PROBABILITY
 patient recently bedridden
 leg edema
 likely diagnosis of cellulitis



3 What will the results mean at 5% pretest probability?

| NEGATIVE | POSITIVE |
|-----------------------------------------------------------|------------------------------------------------|
| <p><1% risk of DVT 2/1000 will have DVT</p> | <p>8% true positive 92% false +</p> |
| | |
| <p>— true negative - - - false negative</p> | <p>+ true positive X false positive</p> |

4 Decide with patient if testing.

A negative test generally **"rules out"** pulmonary embolism unless high suspicion prior

Most positive D-dimer tests are **false positive**

A positive test generally leads to **additional tests** or anticoagulation

4% risk major bleeding with PE/DVT treatment

