

Performing a Two-Point DVT Screen

The Femoral Vein

1. Position the patient with slight abduction and external rotation about the hip a.k.a. “frog leg” position.
2. Using ultrasound, identify the common femoral vein just proximal to the branch point.
3. Look for echogenic density in the vein which suggests but does **not** confirm the presence of a DVT.
4. Compress the vein.
 - a. A **fully compressible** vein essentially **rules out** DVT.
 - b. A **non-compressible** vein is **highly specific** for DVT.
5. Sensitivity **may** be improved by compressing the vein at multiple points along the course of the vein.

The Popliteal Vein

6. Maintain the leg in the same position.
7. Again using ultrasound, identify the popliteal vein in the popliteal fossa.
8. This vessel typically trifurcates inferiorly, so ensure that you are examining the correct vein by moving the probe around the fossa.
9. Repeat above steps to identify echogenicities and to assess compressibility.

Advanced Techniques

10. If you are comfortable with **color Doppler**, you may also verify flow in the common femoral and popliteal veins.
11. Tilt the transducer to be as parallel to the vein as possible.
12. Turn on color Doppler and assess for spontaneous flow.
13. Venous blood flow can be augmented with a brisk squeeze of the calf.