

## Risk Assessment for Venous Thromboembolism (VTE)

All patients, 16 years and over, must be risk-assessed on admission to hospital and then re-assessed whenever the clinical situation changes. All patients must be issued with a VTE leaflet regardless of their risk.

**Step 1:** Assess all patients for level of mobility (tick one box)

**Step 2:** For groups A & B below, assess thrombosis risk. Tick each box that applies in column 1) for first assessment and use second column 2) to re-assess

**Step 3:** Review bleeding risk (tick each box that applies).

**A tick should prompt a review to consider if bleeding risk is sufficient to preclude pharmacological intervention**

**Step 4:** Prescribe VTE prophylaxis as appropriate based on risk assessment

Mobility (tick one box only)											
Group A			Group B			Group C					
Any surgical patient	Tick		Medical patient expected to have ongoing reduced mobility relative to normal state	Tick		Medical ambulant patient (mobile for 50% of waking hours). This would not be expected to be the case in most in-patient groups	Tick				
Assess these patients for thrombosis risk and bleeding risk below						Risk assessment now complete, tick action box and sign bottom of page					
Thrombosis Risk – tick column 1) for first assessment which should be done within 24 hours of admission and use column 2) for re-assessment											
Patient related			1)	2)	Admission related			1)	2)		
Active cancer or cancer treatment					Significant reduced mobility for 3 days or more						
Age greater than 60 years					Hip or knee replacement						
Dehydration					Hip fracture						
Known thrombophilia					Total anaesthetic plus surgical time > 90 minutes						
Obesity (BMI > 30 kg/m <sup>2</sup> )					Surgery involving pelvis or lower limb with a total anaesthetic plus surgical time > 60 minutes						
One or more significant medical co-morbidities (eg heart disease, metabolic or endocrine disorders, respiratory disease, acute infection, inflammatory condition)					Acute surgical admission with inflammatory or intra-abdominal condition						
Personal history or first degree relative with a history of VTE					Critical care admission						
Use of hormone replacement therapy					Surgery with significant reduction in mobility						
Use of oestrogen containing contraceptive therapy					Pregnancy or within 6 weeks post-partum						
Varicose veins with thrombophlebitis					<b>NO THROMBOSIS RISK IDENTIFIED</b>						
Bleeding risk – tick column 1) for first assessment which should be done within 24 hours of admission and use column 2) for re-assessment											
Patient related			1)	2)	Admission related			1)	2)		
Active bleeding					Neurosurgery, spinal surgery or eye surgery						
Acquired bleeding disorder (eg acute liver failure)					Other procedure with high bleeding risk						
Concurrent use of anticoagulants known to increase risk of bleeding (eg warfarin with INR > 2)					Lumbar puncture /epidural/spinal anaesthesia expected in next 12 hours (see epidural policy for advice on DOACs)						
Acute stroke (ischaemic within 2 weeks, haemorrhagic within 1 month)					Lumbar puncture/epidural/spinal anaesthesia within the previous 4 hours (see epidural policy for advice on DOACs)						
Platelets less than 75x10 <sup>9</sup> /L					<b>Record here other reasons for withholding thromboprophylaxis</b>						
Uncontrolled systolic hypertension (BP > 230/120 mmHg)											
Untreated inherited bleeding disorders											
Endocarditis, temporary pacing wires or pericardial effusions					<b>NO BLEEDING RISK IDENTIFIED</b>						
Action											
Thrombosis risk present with <b>NO</b> bleeding risk LMWH/UFH- <b>all patients</b> <b>Also prescribe stockings</b> * if surgical or orthopaedic pt	1)	2)	Thrombosis risk present <b>AND</b> bleeding risk <b>Prescribe anti-embolism stockings*</b> unless contra-indicated see next page	1)	2)	Thrombosis risk present <b>AND</b> patient <b>already prescribed</b> treatment dose warfarin/LMWH/heparin/ other oral or injectable anticoagulant  <b>No prophylaxis required</b>	1)	2)	No documented thrombosis risk present  <b>No prophylaxis required</b>	1)	2)

Signed (first assessment) .....Print Name.....Bleep number.....Date/Time..... (see other page for re-assessment)

Signed (re-assessment)..... Print Name.....Bleep number.....Date.....Time.....

Additional prescribing information

Contra-indications to anti-embolic stockings*		
Leg ulcers/broken skin	Fragile skin/cellulitis	
Peripheral vascular disease	Acute stroke – intermittent pneumatic compression is recommended	
Recent surgery to legs	Gross pitting oedema	
Significant leg deformity	Peripheral neuropathy	

Leaflet and verbal advice regarding VTE given to patient Signed..... Print name.....Date/time .....