Mandatory Risk Assessment for Venous Thromboembolism (VTE) for Medical and Surgical Inpatients

NB To be performed on clerking, after 24 hours, when clinical situation changes significantly and on discharge

Addressograph must be on every page

Name

Address

DOB

Hospital No.

NHS No.

Step 1: Choose Patient Type.	*On Clerking:*	*24 hours later:*	*Date:*	*Date:*	*On Discharge Date:*
Surgical Inpatient Follow guideline 733fm Appendix 8: VTE Prevention Flowchart in Surgical Inpatients, fill in this VTE Risk Assessment and prescribe appropriate thromboprophylaxis					
Medical Inpatient EXPECTED to have ongoing reduced mobility relative to normal state. Follow guideline 733fm Appendix 10: VTE Prevention Flowchart in Medical Inpatients, fill in this VTE Risk Assessment and prescribe appropriate thromboprophylaxis					
Medical Inpatient NOT EXPECTED to have ongoing reduced mobility relative to normal state. Risk Assessment Now Complete. Thromboprophylaxis not usually required					
Step 2: Assess the thrombosis risk: if any boxes are ticked, the patient should receive thromboprophylaxis as per VTE prevention flowcharts in guideline 733fm. This list is not exhaustive - if in doubt, ask your senior.					
Active cancer or cancer treatment or cancer surgery					*
Age >60					
Dehydration					
Obesity (BMI >30kg/m2)					*
One or more medical comorbidities					
Tested positive for COVID19 on or during this admission See VTE COVID19 guideline 66fm for inpatient and discharge thromboprophylaxis					*
Personal or FH of VTE or inherited or acquired thrombophilia					*
Current or recent use of HRT or combined OCP					
Varicose veins with phlebitis					
Pregnancy or <6 weeks postpartum See Maternity VTE guideline 646fm and use the obstetric risk assessment proforma					
Significantly reduced mobility for 3 days or more					*
Surgery within the last 12 weeks or any surgery with significant reduction in mobility					
Acute surgical admission with intra-abdominal or inflammatory condition					
Surgery involving pelvis or lower limb with a total anaesthetic + surgical time >60 minutes (including open and laparoscopic urological and gynaecological surgery, THR, TKR, NOFs and hip, pelvis and femur fragility fractures)					*
Elective and emergency orthopaedic spinal involvement requiring conservative or surgical management Follow guideline 733fm Appendix 9: VTE Prophylaxis in Trauma and Orthopaedic Spinal Patients					*
Fitted with temporary lower limb immobilisation or new onset inability to weight bear or new walking aid					*
Complex non-cancer surgery (including surgery on patients with significant VTE risk factors, suspected malignancy a/w histology, prolonged total anaesthetic >90 minutes or significant blood loss requiring blood transfusion)					*
Critical care admission					
Step 3: Assess the safety of administering prophylactic dalteparin/fondaparinux or oral anticoagulants. If any boxes are ticked, seek advice before omitting pharmacological prophylaxis.					
Active Bleeding — *Advice*					
Anticoagulants: therapeutic doses of UFH or LMWH, warfarin with INR >2 or Direct oral anticoagulants — *Advice*					
Inherited or acquired bleeding disorders (such as haemophilia or liver failure) — *Advice*					
Acute stroke in the last 14 days Follow guideline 733fm Appendix 11: VTE Prophylaxis in Acute Stroke Patients — *Policy*					
Platelets <50 x 10^9/L — *Advice*					
Creatinine clearance <30 ml/min (dose adjustment not required for short term prophylactic dose dalteparin (<10days)) — *Policy*					
Hypertension - BP >230/120 — *Advice*					
Neurosurgery, spinal surgery or eye surgery or other surgery with high bleeding risk — *Advice*					
Interventional Radiology procedure with high bleeding risk (Example: liver/lung/prostate/lymphnode/bone/breast biopsy, ascitic/pleural drainages, lumbar puncture, joint/nerve root injections). Check anticoagulation protocol for each of these procedures in SOP 'All interventional procedures performed in radiology' page 28 — *Advice*					
Heparin allergy or previous heparin induced thrombocytopenia — *Policy*					
Lumbar puncture/epidural catheter in situ/spinal anaesthesia performed within the last 4 hours or expected within the next 12 hours — *Policy*					
Needle phobia (consider Rivaroxaban 10mg OD as VTE prophylaxis after discussing with pharmacist and consultant - UNLICENSED USE) — *Advice*					
Step 4: Assess for contraindications before prescribing mechanical prophylaxis. Prescribe Antiembolism Stockings for all surgical patients, for medical patients with contraindications to pharmacological prophylaxis and high risk medical patients (cancer, reduced mobility, BMI>30, previous VTE). Prescribe Intermittent Pneumatic Compression for the same type of patients who spend large portions of the day in bed or in a chair (2 or more hours straight). If prescribed, use stockings and/or pneumatic compression day and night and continue until discharge.					
Anticoagulants: therapeutic dose of UFH or LMWH, warfarin with INR>2 or Direct Oral Anticoagulant					
Massive leg oedema, heart failure					
Suspected/proven peripheral arterial disease or peripheral arterial bypass surgery					
Sensory impairment					
Acute stroke (use Intermittent pneumatic compression only)					
Skin - fragile, damaged, ulcerated, recent grafts					
Known allergy to material of manufacture					

Step 5: Thromboprophylaxis Decision - Ensure you prescribe on the next page.										
Prophylactic Dose Dalteparin S/C or UFH S/C or Fondaparinux S/C or Rivaroxaban PO	y	n	y	n	y	n	y	n	y	n
Therapeutic Dalteparin S/C or UFH S/C or Fondaparinux S/C	y	n	y	n	y	n	y	n	y	n
DOAC	y	n	y	n	y	n	y	n	y	n
Warfarin	y	n	y	n	y	n	y	n	y	n
Bridging required	y	n	y	n	y	n	y	n	y	n
Antiembolism stockings	y	n	y	n	y	n	y	n	y	n
Intermittent pneumatic compression	y	n	y	n	y	n	y	n	y	n
Discharge prophylaxis required	y	n	y	n	y	n	y	n	y	n
Signature										

*On discharge, if any highlighted boxes are ticked patient may require discharge prophylaxis. Refer to sections 6 and 7 of guideline 733fm and discuss with the consultant.

punching only.

NURSING STAFF: Record administration of a medicine by initialling the box.
Time critical medicines - record action taken on front of chart if NOT given.

Treatment of DVT and PE: Doses are based on weight-adjusted dosing based on Dalteparin 200units/kg Dalteparin S/C daily

Pt's weight (kg)	Daily Dose (units)
<40kg	Discuss with haematology
41 - 45 kg	7500 once daily*
46 – 56 kg	10,000 once daily
57 – 68 kg	12,500 once daily
69 – 82 kg	15,000 once daily
83 – 98 kg	18,000 once daily
99 – 112 kg	10,000 twice daily*
113 – 137 kg	12,500 twice daily*
138 – 165 kg	15,000 twice daily*
166 – 179 kg	18,000 twice daily*
≥180 kg	Discuss with haematology

* unlicensed doses

Dalteparin prophylaxis dosing:

Weight	Dose of s/c dalteparin
≤ 49kg	2,500units daily
50-99kg	5,000units daily
100 - 149kg	5,000units twice daily
≥ 150kg or more	7,500units twice daily

Addressograph must be on every page
Name
Address
DOB
Hospital No.
NHS No.

VTE PROPHYLAXIS IS TIME CRITICAL. PRESCRIBE AND ADMINISTER ASAP AND WITHIN A MAXIMUM OF 14 HOURS OF DOCTOR'S CLERKING TIME, IF NOT CONTRAINDICATED.

Clerking Date:___/___/___ Clerking Time ___:___ am/pm
Prescribing Date ___/___/___ Prescribing Time ___:___ am/pm

14h MAX

Prescribed and given within 14 hours of clerking?
Yes / No / Contraindication: *(state contraindication below)*

Signature_______________ Print _______________ Role ___________

Affix Red Sticker

VTE Leaflet
To be given & explained to
All patients on admission

Tick which leaflet was given

Blood Clots	☐	Pregnancy	☐
Easy Read	☐	Leg Cast	☐
Cancer	☐	Self-injection	☐

N/A - dementia, unconscious, confused, mental impairment ☐

Name: ___________Role:___________
Signature:___________ Date:
WZZ2364

Mechanical Thromboprophylaxis for VTE Risk Assessed Patients

Inspect skin minimum twice a day and sign	Date / Time	
Antiembolism stockings: Start date ___ / ___ / ___ Sign ___________________	Day	
Intermittent Pneumatic Compression: Start date ___ / ___ / ___ Sign ___________	Night	

PHARMACOLOGICAL PROPHYLAXIS OR TREATMENT FOR VTE RISK ASSESSED PATIENTS
Monitor renal function. If renal function changes, please reassess

Medicine (Approved Name)				Date / Time
Start Date	Route	Dose	Frequency	
Indication: Prophylaxis ☐ Therapeutic ☐	Additional Instructions/Duration/Weight			
Signature/Bleep	Pharmacy			

Medicine (Approved Name)				Date / Time
Start Date	Route	Dose	Frequency	
Indication: Prophylaxis ☐ Therapeutic ☐	Additional Instructions/Duration/Weight			
Signature/Bleep	Pharmacy			

Medicine (Approved Name)				Date / Time
Start Date	Route	Dose	Frequency	
Indication: Prophylaxis ☐ Therapeutic ☐	Additional Instructions/Duration/Weight			
Signature/Bleep	Pharmacy			

Medicine (Approved Name)				Date / Time
Start Date	Route	Dose	Frequency	
Indication: Prophylaxis ☐ Therapeutic ☐	Additional Instructions/Duration/Weight			
Signature/Bleep	Pharmacy			

Warfarin - if starting for VTE and not already on a DOAC, give s/c dalteparin until the INR is 2 or more for two consecutive readings and for a minimum of 5 days

Medicine (Approved Name)				Date
Indication				INR
Start Date	Target INR	Route PO	Time	Dose (mg)
Signature/Bleep		Pharmacy		Presc Initial
Usually monitored by BHT / GP / NEW				Given by
Pre-admission dose				Time given

Dr to Re-write