

Addressograph must be on every page

Venous Thromboembolism (VTE) Risk Assessment for ambulatory patients aged ≥ 16

**Unable to full weight bear (even if allowed) or fitted
with temporary lower limb immobilisation
using TRIP(cast) Score**

To be completed by the healthcare professional. Use simple language when asking the questions (e.g. DVT - blood clot on your leg)

TRIP(cast) Score: Trauma, Immobilisation and Patient Risk Factors			Score	First seen	R/V
Trauma (choose the most severe)	Very high-risk trauma: Ankle Fracture, Achilles tendon rupture, Fibula and/or tibia shaft fracture and tibial plateau fracture (require Dalteparin for the period of immobilisation, usually 6 weeks for ankle #, 8 weeks for Achilles tendon rupture).			★	
	High-risk trauma: Patellar fracture, ankle dislocation, lisfranc injury, severe ankle sprain (grade 3)			3	
	Intermediate-risk trauma: severe knee sprain (with oedema/haemarthrosis)			2	
	Low-risk trauma: Patellar dislocation, (meta) tarsal bone(s) or forefoot fracture, non-severe knee sprain or ankle sprain (grade 1 or 2) or significant muscle injury			1	
Immobilisation (choose one)	Above knee slab/cast			3	
	Below knee slab or cast or boot if NWB, or NWB due to soft tissue injury			2	
	Weight bearing walking boot			1	
	Other cast/bracing: walking shoe that allows ankle and foot to move freely			0	
Patient Characteristics (multiple points can be scored)	Age <35 years			0	
	Age ≥ 35 and <55 years			1	
	Age ≥ 55 and <75 years			2	
	Age ≥ 75 years			3	
	Male sex			1	
	Body Mass Index BMI ≥ 25 and <35 kg/m ²			1	
	Body Mass Index BMI ≥ 35 kg/m ²			2	
	Family history of VTE (first-degree relative)			2	
	Personal history of VTE or known major thrombophilia			4	
	Current use of (combined) oral contraceptives or Estrogenic hormone therapy			4	
	Cancer diagnosis within the past 5 years			3	
	Pregnancy or puerperium			3	
	Immobilization (other) within the past 3 months: hospital admission, bedridden or flight > 6 hours or lower limb paralysis			2	
	Surgery within the past 3 months			2	
	Comorbidity: Heart failure, rheumatoid arthritis, chronic kidney disease, COPD or IBD			1	
	Chronic venous insufficiency (varicose veins)			1	
Patient Information Leaflets Given?				TOTAL SCORE	
Leg Casts and Blood Clots: Reducing the risk <input type="checkbox"/> Y <input type="checkbox"/> N		How to Administer Dalteparin at Home <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
First seen: <input type="checkbox"/> SIGN	PRINT	ROLE	DATE	TIME	
Review: <input type="checkbox"/> SIGN	PRINT	ROLE	DATE	TIME	

If TRIP(cast) Score ≥ 7 or a ★ check if pharmacological thrombo-prophylaxis contraindications apply before prescribing Dalteparin		Dalteparin Guidance*	First Seen	R/V	<p>After completing this page see VTE Flowchart Overleaf and follow the instructions</p>
Creatinine clearance <30 ml/min		Seek Advice			
Platelets $<50 \times 10^9/l$		Seek Advice			
Heparin allergy or previous heparin induced thrombocytopenia		Seek Advice			
Spinal, neuro or eye surgery or other procedure with high bleeding risk		Seek Advice			
Active bleeding		Seek Advice			
Acute stroke less than 14 days ago		Seek Advice			
Hypertension - BP 230/120 or higher		Seek Advice			
Anticoagulants known to increase the bleeding risk such as warfarin with INR >2		Guideline 83			
Inherited or acquired bleeding disorders, such as haemophilia or liver failure		Seek Advice			
Lumbar puncture/epidural/spinal anaesthesia performed within the last 4h or expected within the next 12h	Omit				

*Seek advice from the on-call haematologist before withholding dalteparin

IF YOU ARE TAKING DALTEPARIN INJECTIONS, DO NOT RUN OUT! YOU NEED TO TAKE THEM FOR AS LONG AS YOUR LEG IS IN A CAST OR BOOT. RUNNING OUT OF INJECTIONS MAY LEAD TO GETTING A BLOOD CLOT.

WHEN YOU HAVE 5 INJECTIONS LEFT, PLEASE CALL TO OBTAIN MORE:

Trauma Coordinator

07770740245, Monday to Friday

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Name _____

Address DOB

Hospital No.

VTE Flowchart

