

Venous Thromboembolism (VTE) Risk Assessment for Patients being nursed within Paediatric areas

Complete within 14 hours of admission, repeat on the day after admission, when clinical condition changes or every 7 days if no change in clinical condition and on discharge

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

Age	Weight (kg)	BMI _{low} (kg) / h ² (m)	Leaflet 'Blood clots: reducing the risk' given yes / no	Admission Assessment completed by	Sign	Date	Time
				Print	Role		

Step 1 –Assess Thrombosis Risk Factors Medical / Surgical Staff to Complete - Tick or Cross for each Risk Factor							
Patient 13 years of age or over AND weighs greater than 40kgs?							
Obesity (BMI >30kg/m ²)							
Acutely unwell (e.g severe dehydration or sepsis (requiring multiple fluid boluses))							
Any medical co-morbidity (e.g. cancer, congenital heart disease, sickle cell disease, metabolic or inflammatory conditions)							
History of VTE or Thrombus or first-degree relative with history of VTE age <40							
Use of oral oestrogen-containing contraceptive therapy							
Pregnancy or < 6 weeks post partum							
Severe trauma or burns							
Total anaesthetic + surgical time >90 minutes (or if pelvis or lower limb total time >60 minutes)							
Spinal cord injury with paralysis within the last 12 weeks							
Significantly reduced mobility for 3 days or more							
Critical care admission or intubated and ventilated							
Central Venous Access Device in situ (Including UVC)							
Prematurity up to corrected gestational age of 37 weeks							
Weight of 1.8kg or less							
TOTAL NUMBER OF RISK FACTORS IDENTIFIED							

0 Risk Factors = LOW RISK

1 Risk Factor = MODERATE

≥ 2 Risk Factors = HIGH RISK

Step 2 – If ≥2 VTE Risk Factors Assess Bleeding Risk Tick or Cross for each Risk Factor			
Acquired bleeding disorders (such as acute liver failure)			
Inherited bleeding disorders (e.g. haemophilia, von Willebrands)			
Concurrent use of anticoagulants known to increase risk of bleeding			
Thrombocytopenia (platelet count < 50 x 10 ⁹ / L)			
Uncontrolled systolic hypertension (>230/120 mmHg)			
Neurosurgery, spinal surgery or eye surgery or any other surgery with high bleeding risk			
Lumbar puncture/epidural/spinal anaesthesia in next 12 hours or previous 4 hours			
Active bleeding			
Acute Stroke			
Heparin allergy or previous heparin induced thrombocytopenia			
Creatinine clearance < 30 ml/min			
TOTAL Number of Bleeding risks			

Balance VTE risk with Bleeding risk.

If the VTE risk outweighs the bleeding risk, assess for mechanical thromboprophylaxis contraindications and prescribe mechanical and / or pharmacological thromboprophylaxis according to Step 3. Adjust dalteparin dosing according to kidney function and body weight. If in doubt, see BHT guideline 733fm and / or discuss with on-call haematologist.

Step 3 – Thromboprophylaxis Plan (tick)

No of VTE risks	Advice below as per No of VTE risks	Date	Date	Date	Date
0	No Thromboprophylaxis Ensure adequate hydration, mobilise early and VTE prevention exercises				
≥1	Assess for Mechanical Thromboprophylaxis contraindications if any is found tick box and list below				

List Contraindications identified:

If not for Thromboprophylaxis state reason:

If for Thromboprophylaxis complete Prescription on Page 5

Date/Time	Print	Sign	Role
Date/Time	Print	Sign	Role
Date/Time	Print	Sign	Role
Date/Time	Print	Sign	Role

NURSING STAFF: Record administration of a medicine by initialling the box.

When a medicine is not administered, record the appropriate number from below and circle it as shown. CODES FOR MEDICINES NOT GIVEN

2 Patient vomiting	7 Medicines not on ward	E.g. 6
3 No cannula	8 Record other reasons	
4 Patient not on ward	in patient healthcare records.	
5 Patient Nil by Mouth .	9 Omitted by doctor	
6 Patient refused on ward	10 Patient/Carer Self Administering (See SAM Policy)	

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

Time critical medicines - record action taken on front of chart.

Year	Step 4 – Thromboprophylaxis Plan (tick)				
No of VTE risks	Advice below as per No of VTE risks	Date	Print Name	Sign	Role
1	Prescribe Mechanical Thromboprophylaxis if no contraindication or special considerations and if correct fit can be achieved.				
≥2	Does VTE risk outweigh bleeding risk? (Circle) YES NO NO - Offer Mechanical Thromboprophylaxis alone, if no contraindication or special considerations and if correct fit can be achieved. YES - Offer Mechanical (as above) & Pharmacological Thromboprophylaxis.				

For Prophylactic Doses of Anticoagulant, e.g Dalteparin, see current version of BNF for Children
 For Treatment Doses of Anticoagulant, e.g Dalteparin, see current version of BNF for Children

VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS

Before prescribing check that the first VTE assessment has been completed.

Admission VTE assessment complete: Print Name: _____ Sign _____ Date _____

Baseline bloods taken: Print Name: _____ Sign _____ Date _____

If patient is not for pharmacological prophylaxis state reason:

Mechanical Thromboprophylaxis for VTE Risk Assessed Patients

Anti-embolism Stockings / Intermittent Compression Device (Please delete as appropriate)		Date	06	14	22	06	14	22	06	14	22
Signature	Beep	Start Date									

Anti-embolism Stockings / Intermittent Compression Device (Please delete as appropriate)		Date	06	14	22	06	14	22	06	14	22
Signature	Beep	Start Date									

Anticoagulant e.g. Dalteparin				Circle	Treatment or Prophylactic	Patient's weight	Date
Medicine (Approved Name)				Date	06	14	22
Start Date	Route	Dose	Frequency	Time	06	14	22

Anticoagulant e.g. Dalteparin				Circle	Treatment or Prophylactic	Patient's weight	Date
Medicine (Approved Name)				Date	06	14	22
Start Date	Route	Dose	Frequency	Time	06	14	22

Anticoagulant e.g. Dalteparin				Circle	Treatment or Prophylactic	Patient's weight	Date
Medicine (Approved Name)				Date	06	14	22
Start Date	Route	Dose	Frequency	Time	06	14	22

Dr to Review