

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) Height (m)	BMI _{kg/m²} (kg) / m ² (m)	Leaflet 'Blood clots: reducing the risk' given yes / no	Admission Assessment completed by Sign Print	Role	Date Time
Step 1 – Assess Thrombosis Risk Factors Medical / Surgical Staff to Complete - Tick or Cross for each Risk Factor						Date Date Date Date
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	Date	Date	Date	Date
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
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) | |

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

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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 Time																			
Ensure these are worn as per BHT Guidelines Use Care plan for mechanical thromboprophylaxis Inspect skin three times a day and sign	06																			
Signature/Bleep	14																			
Start Date	22																			
Anti-embolism Stockings / Intermittent Compression Device (Please delete as appropriate)	Date Time																			
Ensure these are worn as per BHT Guidelines Use Care plan for mechanical thromboprophylaxis Inspect skin three times a day and sign	06																			
Signature/Bleep	14																			
Start Date	22																			
Anticoagulant e.g. Dalteparin	Circle Treatment or Prophylactic	Patient's weight	Date																	
Medicine (Approved Name)	Date Time																			
Start Date	Route	Dose	Frequency																	
Additional Instructions/Duration																				
Signature/Bleep	Pharmacy																			
Anticoagulant e.g. Dalteparin	Circle Treatment or Prophylactic	Patient's weight	Date																	
Medicine (Approved Name)	Date Time																			
Start Date	Route	Dose	Frequency																	
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Signature/Bleep	Pharmacy																			

Dr to Review