

**Venous Thromboembolism (VTE) Risk Assessment
for Day Case Surgery patients aged 16 and above**

Complete on Pre-op clinic, review on admission and discharge, unless:

Cohort and **No Previous VTE** Dr Sign: _____
or Overrule Cohort

Addressograph must be on every page

Name _____

Address DOB _____

Hospital No. _____

If applies, choose between

| Thrombosis risk factors: Please mark each box that apply, gain information from the patient and/or clinical notes | Score | Pre-op | DSU | Discharge |
|---|---|---------------|------------|------------------|
| Personal history of previous VTE (i.e. deep vein clots or lung clots) | ★ | | | |
| First degree relative (brother, sister, father, mother) with previous history of VTE not provoked by surgery, cancer or hormones (i.e. deep vein clots or lung clots) | +2 | | | |
| Surgery with total anaesthetic + surgical time >90 minutes OR | +2 | | | |
| Surgery involving pelvis/lower limb with total anaesthetic+surgical time >60minutes OR | +2 | | | |
| Lower limb orthopaedic surgery with post-operative immobilization OR | +2 | | | |
| Surgery other than lower limb orthopaedic surgery with significant reduced mobility for 3 days or more (<i>NICE defines significantly reduced mobility as: people who are bed bound, unable to walk unaided or likely to spend a substantial proportion of their day in bed or in a chair</i>). | +2 | | | |
| Varicose veins surgery under general anaesthesia | +2 | | | |
| Active cancer or cancer treatment | +2 | | | |
| Thrombophilia e.g. Factor V Leiden, prothrombin gene mutation, anti-thrombin deficiency, protein C or S deficiency, antiphospholipid syndrome (discuss with haematology) | +2 | | | |
| Pregnancy and within 6 weeks of childbirth | +2 | | | |
| Will be taking oral hormone replacement therapy (HRT) on admission | +2 | | Stopped ? | |
| Will be taking oral oestrogen-containing contraceptive therapy (COCP) on admission | +2 | | Stopped ? | |
| Marked Obesity BMI >40 (kg/m ²) | +2 | | | |
| Moderate obesity BMI between 30 and 39 (kg/m ²) | +1 | | | |
| Varicose veins with phlebitis | +1 | | | |
| Age >60 | +1 | | | |
| Dehydration (admission and post-op only) | +1 | n/a | | |
| Smoking | +1 | | | |
| One or more significant medical co-morbidities such as long-term medical conditions requiring treatment e.g. heart failure, COPD, diabetes, IBS, psoriasis, etc. | +1 | | | |
| Leaflet: 'Blood Clots: Reducing the risk' given and explained: Yes/No | TOTAL SCORE on PRE-OP assessment PRE-OP nurse sign: _____ Date: ___/___/___ | | | |
| DAY OF ADMISSION – Review Pre-op VTE risk score. VTE risk assessment must be repeated if new factors arise. | | | | |
| DOCTOR PRINT / SIGN _____ | DATE ___/___/___ TIME _____ | | | |
| Leaflet: 'How to inject Dalteparin at home, a patient guide' given and explained: Yes/No | TOTAL SCORE on DISCHARGE from DSU Re-assess if new risk factors arise | | | |

| Score | Identify total score, see prophylaxis guidance below and instructions overleaf |
|----------------------------|--|
| Cohort and 0-1 Low risk | No pharmacological prophylaxis or antiembolism stockings required. Use Intermittent Pneumatic Compression (IPC) intra-op and continue until patient is mobile. |
| 2-3 Moderate risk | Give weight-based dose dalteparin 6 hours post wound closure and continue on discharge for 1 week . Give IPC intra-op and continue until patient is mobile. Give antiembolism stockings for 1 week . For hand, wrist, elbow, shoulder and forefoot without leg immobilisation surgeries , dalteparin is not required, give only IPC and antiembolism stockings as described. |
| 4 or greater High risk | Option 1: Day before surgery give weight-based dose dalteparin 12 hours pre-op and 5,000 units 6 hours post wound closure. Then 24 hours later start weight-based dose dalteparin for 2 weeks . Give IPC intra-op and until patient is mobile and antiembolism stockings for 2 weeks . Option 2: Day of surgery give dalteparin 2,500 units up to 1-2 hours before surgery and 2,500 units 8-12 hours later. Then 24 hours later start weight-based dose dalteparin for 2 weeks . Give IPC intra-op and until patient is mobile and antiembolism stockings for 2 weeks . |
| ★ | All patients with personal history of previous VTE must be treated as at high risk (see above) with the difference that on discharge both dalteparin at a weight-based dose and antiembolism stockings must be prescribed for 6 weeks. |
| Doctor Overruled Score | Consider discussing with the on-call haematologist. Please document your clinical decision along with the rationale in this box: |

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For patients who cannot self-administer the dalteparin subcutaneous injection and do not have anyone to do it for them, start **rivaroxaban PO 10mg once a day** for as long as they would have been given dalteparin according to score. The first dose is given 6 to 10 hours post wound closure. **Note: Unlicensed use.**

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Pharmacological thromboprophylaxis assessment

| Bleeding risk factors: Please mark each box that apply Weigh the bleeding risk against the VTE risk | Dalteparin Guidance | DSU | D/C |
|---|---------------------|-----|-----|
| Creatinine clearance <30ml/min | Seek Advice | | |
| Platelets <50 x10 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 bleeding risk such as warfarin with INR>2 | Ensure Bridged | | |
| Inherited or acquired bleeding disorders, such as haemophilia or liver failure | Seek Advice | | |
| Lumbar puncture/epidural/spinal/ anaesthesia performed within the last 4 hours or expected within the next 12 hours | Omit | | |

Any bleeding risk factors identified? Yes / No

If VTE risk outweighs bleeding risk, **prescribe prophylaxis** according to Score, including antiembolism stockings on TTOs if discharged with. Dalteparin is first choice. The dose is weight-dependent, see table for dosage.

If unsure seek advice from on-call haematologist or see BHT guideline 733fm

Doctor Signature _____ Date ____ / ____ / ____

Weight-based Dalteparin dosage:

| Weight | Dose |
|-----------------------|-------------------------|
| Weight 150 kg or more | 7,500 units twice daily |
| Weight 100 – 149 kg | 5,000 units twice daily |
| Weight 50-99 kg | 5,000 units daily |
| Weight 49kg or less | 2,500 units daily |

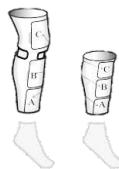
Mechanical thromboprophylaxis assessment

Provide patients with stockings and IPC based on their score (See scoring table overleaf)

Patients assessed as low risk cohort and scoring 0-1 do not need stockings, only IPC intra-op.



| Antiembolism Stockings: DSU to assess for contraindications before applying | Tick | Sign |
|---|------|------|
| Suspected/proven peripheral arterial disease or arterial bypass surgery | | |
| Skin – fragile, damaged, ulcerated, recent grafts | | |
| Massive leg oedema, heart failure | | |
| Lower limb sensory impairment | | |
| Acute Stroke (use IPC only) | | |
| Surgery, surgical site or surgeon's decision | | |
| No Contraindications | | |



| IPC devices: Theatre/Recovery to assess for contraindications before applying | Tick | Sign |
|---|------|------|
| Suspected or confirmed acute DVT or PE | | |
| Presence of malignancy in the leg | | |
| Suspected/proven peripheral arterial disease or arterial bypass surgery | | |
| Skin – fragile, damaged, ulcerated, recent grafts (consider foot cuffs instead) | | |
| Massive leg oedema, heart failure | | |
| Surgery, surgical site or surgeon's decision | | |
| No Contraindications | | |