

Appendix 4 – Venous Thromboembolism (VTE) Risk Assessment and Prophylaxis (Medical Patients)

All patients should be risk assessed on admission to hospital or by the time of the first consultant review. Patients should be reassessed within 24 hours of admission and whenever the clinical situation changes.

STEP ONE

Assess all patients admitted to hospital for level of mobility (tick one box). All surgical patients, and all medical patients with significantly reduced mobility, should be considered for further risk assessment.

STEP TWO

Review the patient-related factors shown on the assessment sheet against **thrombosis** risk, ticking each box that applies (more than one box can be ticked).

Any tick for thrombosis risk should prompt thromboprophylaxis according to NICE guidance.

The risk factors identified are not exhaustive. Clinicians may consider additional risks in individual patients and offer thromboprophylaxis as appropriate.

STEP THREE

Review the patient-related factors shown against **bleeding risk** and tick each box that applies (more than one box can be ticked).

Any tick should prompt clinical staff to consider if bleeding risk is sufficient to preclude pharmacological intervention.

Risk Assessment for Venous Thromboembolism (VTE): Medical Patients

Mobility – all patients (tick one box)	Tick		Tick		Tick
Surgical patient		Medical patient expected to have ongoing reduced mobility relative to normal state		Medical patient NOT expected to have significant reduced mobility relative to normal state	
Assess for thrombosis and bleeding risk below			Risk assessment now complete		

Thrombosis risk			
Patient related	Tick	Admission related	Tick
Active cancer or cancer treatment		Significantly reduced mobility for 3 days or more	
Age greater than 60		Hip or knee replacement	
Dehydration		Hip fracture	
Known thrombophilia		Total anaesthetic + surgical time greater than 90 minutes	
Obesity (BMI greater 30 kg/m ²)		Surgery involving pelvis or lower limb with a total anaesthetic + surgical time greater than 60 minutes	
One or more significant medical comorbidities (eg heart disease; metabolic, endocrine or respiratory pathologies; acute infectious diseases; Inflammatory conditions)		Acute surgical admission with inflammatory or intra-abdominal condition	
Personal history or first-degree relative with a history of VTE		Critical Care admission	
Use of hormone replacement therapy		Surgery with significant reduction in mobility	
Use of oestrogen-containing contraceptive therapy			
Varicose veins with phlebitis			

Pregnancy or less than 6 weeks post-partum (see NICE guidance for specific risk factors)			
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Bleeding risk			
Patient related	Tick	Admission related	Tick
Active bleeding		Neurosurgery, spinal surgery or eye surgery	
Acquired bleeding disorders (such as acute liver failure)		Other procedure with high bleeding risk	
Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR greater than 2)		Lumbar puncture/epidural/spinal anaesthesia expected within the next 12 hours	
Acute stroke		Lumbar puncture/ epidural/spinal anaesthesia the previous 4 hours	
Thrombocytopenia (platelets less than $75 \times 10^9/l$)			
Uncontrolled systolic hypertension (230/120 mmHg or higher)			
Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease)			

Prophylaxis to be given if indicated (Enoxaparin) 40mg daily (Adjust dose according to renal function or body weight if necessary).

Information leaflet (Reducing the risk of a blood clot – EIDO REF DP01) given to patient or carer:

Yes No

Name: Signature:

Date:/...../..... Time::.....

Reassess within 24 hours of admission and when clinical circumstances change				
Date	Clinical circumstances	Outcome	Signature	Print Name

Contraindicaton **for anti-embolic stocking:** Acute stroke, peripheral vascular disease, peripheral neuropathy/other sensory loss, severe leg oedema, pulmonary oedema, skin ulceration, dermatitis, recent skin graft, severe deformity.

Adapted from CG92 Venous thromboembolism: reducing the risk for patients in hospital. Replaced by NG89. DH reviewed and updated the risk assessment tool March 2018.