

Appendix 9 – Venous Thromboembolism (VTE) Risk Assessment and Prophylaxis (GP Patients in Community Hospitals)

1. Risk of VTE

- | | |
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| I.
II. | Mobility significantly reduced ≥ 3 days
Expected on-going reduced mobility plus any of:
1. Active cancer or cancer treatment
2. Age > 60 years
3. Critical care admission
4. Obesity BMI > 30 kg/m ²
5. Dehydration
6. Significant medical co-morbidity e.g. heart disease, metabolic, Endocrine or respiratory pathologies, acute infectious diseases or Inflammatory disease
7. Known thrombophilia, personal/family history of VTE
8. Use of HRT or Oestrogen contraceptive pill
9. Varicose veins with phlebitis
10. Pregnancy or < 6 weeks post-partum |
|-----------|--|

Circle appropriate response to 1 & 2.

No

Yes

2. Risk of bleeding

- | | |
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| 1.
2.
3.
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9. | Active bleeding
Acute stroke
Acquired bleeding disorders (such as acute liver failure)
Concurrent use of anticoagulants known to increase the risk of bleeding (e.g. INR > 2)
Thrombocytopenia < 75 x 10 ⁹ /L
Uncontrolled systolic hypertension (230/120mmHg or higher)
Untreated inherited bleeding disorders (e.g. haemophilia and von Willebrand's disease)
Congenital or, including therapeutic anticoagulation
Lumbar puncture, epidural/spinal anaesthesia within 4 hours or expected in next 12 hours |
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Yes

Reassess if clinical condition changes

No

*Mechanical prophylaxis only

(Enoxaparin) 40mg subcutaneously once daily
(adjust dose dependent upon individuals renal function and body weight)

Clinical decision made by GP not to prescribe prophylaxis.

Reason:

Name: _____ Signature: _____ Date: ___/___/___ Time: ___:___

Information leaflet (Reducing the risk of a blood clot) given to patient or carer: Yes No

* Contraindication for anti-embolic stockings:

Acute stroke, peripheral vascular disease, peripheral neuropathy/other sensory loss, severe leg oedema, pulmonary oedema, skin ulceration, dermatitis, recent skin graft, severe deformity.