

Appendix 10 – Venous Thromboembolism Risk Assessment Form – Trauma Clinic

For Use in Trauma Clinic

Venous Thrombo-embolism Risk Assessment Form

To be completed by all ADULT patients when considering immobilisation in a lower leg cast

AFFIX PATIENT STICKER HERE	Date:
	Consultant:
	Diagnosis:

<i>To be filled by Patient:</i>		
Patient Details	Tick every box that applies	Score
Age 60 years or more		1
Very Overweight (BMI >30kg/m ²)		1
Unable to walk before accident or injury		2
Current Medication		
Oral contraceptive pill (birth pill)		1
Hormone Replacement Therapy (HRT)		1
Family History		
Known history of leg vein clots (deep vein thrombosis), or lung clots (pulmonary embolus) in a close family (sibling, father or mother)		2
Medical History		
Varicose Veins		1
Heart disease/ heart attack in last 6 months		1
Abdominal (tummy) surgery in last 6 weeks		2
Active cancer		3
Previous deep vein thrombosis		3
Previous lung clots (pulmonary embolus)		3
Pregnant or within 6 weeks of childbirth		3
Major lower limb surgery or pelvic fracture in last 6 weeks & advised to have DVT prophylaxis		3
Patients Signature:		Score:

<i>To be filled by Doctor</i>	
Does the patient have any risk factors for bleeding / contraindications for prophylaxis? <i>If has longstanding blood disease, consult haematologist</i> <i>If patient already on anticoagulant treatment, refer to VTE guidance for further advice</i>	YES / NO
Have the risks and benefits of prophylaxis been discussed?	YES / NO
Has VTE prophylaxis been commenced?	YES / NO
Date:	Clinicians signature: