

## Appendix 11 – Venous Thromboembolism Risk Assessment Form

For Use in Trauma Clinic

<b>To be filled by Patient:</b>		
<b>Patient Details</b>	<b>Tick every box that applies</b>	<b>Score</b>
Age 60 years or more		1
Very Overweight (BMI >30kg/m <sup>2</sup> )		1
Wheelchair user/Non ambulatory		2
<b>Current Medication</b>		
Oral contraceptive pill (birth pill)		1
Hormone Replacement Therapy (HRT)		1
<b>Family History</b>		
Known history of leg vein clots (deep vein thrombosis), or lung clots (pulmonary embolus) in a close family (sibling, father, or mother)		2
<b>Medical History</b>		
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
<i>Patients Signature:</i>		<b>Score:</b>
<b>To be filled by Doctor</b>		
Does the patient have any risk factors for bleeding / contraindications for prophylaxis? If has longstanding blood disease , consult haematologist If patient already on anticoagulant treatment, refer to VTE guidance for further advice		YES / NO
Have the risks and benefits of prophylaxis been discussed?		YES / NO
Patient advised to have VTE prophylaxis post op?		YES / NO
<b>Date:</b>	<b>Clinicians Signature:</b>	