

Risk Assessment for Venous Thromboembolism (VTE)

ALL adults patients, excluding pregnant women should be risk assessed **on admission** to hospital. Patients should be reassessed within 24 hours of admission and whenever the clinical situation changes.

Step 1 – Check mobility for ALL ADULT inpatients (please tick appropriate box)

Surgical patient. Assess for thrombosis and bleeding risk below.	Tick	Medical patient Expected to have REDUCED mobility relative to normal state. Assess for thrombosis and bleeding risk below.	Tick	Medical patient NOT expected to have reduced mobility relative to normal state. Risk assessment now complete, no further action required.	Tick
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Step 2 – Assess patients thrombosis risk (please tick appropriate box)

Patient Related	Tick	Admission Related	Tick
Age >60 years		Hip or knee replacement	
Active cancer or cancer treatment		Hip fracture	
Dehydration		Total anaesthetic and surgical time >90 minutes	
Known thrombophilias		Surgery involving pelvis or lower limb with a total anaesthetic and surgical time greater than 60 minutes	
Obesity (BMI >30/m ²)		Acute surgical admission with inflammatory or intra-abdominal condition	
One or more significant medical co-morbidities (e.g. heart disease, metabolic, endocrine, diabetes or respiratory pathologies, acute infectious diseases, inflammatory conditions)		Critical Care Admission	
Personal history or first-degree relative with a history of VTE		Surgery with significant reduction in mobility	
Use of hormone replacement therapy			
Use of oestrogen-containing contraceptive therapy			
Varicose veins with phlebitis			
Pregnancy or <6 weeks post-partum (see guidelines for specific risk factors)			

Tick if patient has **NO** thrombosis risk factors

Step 3 – Assess patients bleeding risk (please tick appropriate box)

Patient Related	Tick	Admission Related	Tick
Active bleeding		Neurosurgery, spinal or eye surgery	
Acquired bleeding disorders (such as liver failure)		Other Procedure with high bleeding risk	
Concurrent use of anticoagulants known to increase the risk of bleeding i.e. apixaban, rivaroxaban, dabigatran and edoxaban		Lumbar puncture/epidural/spinal anaesthesia expected within the next 12 hours	
Acute Stroke		Lumbar puncture/epidural/spinal anaesthesia within the previous 4 hours	
Thrombocytopenia (platelets <75x 10 ⁹ /l)		Traumatic head injury	
Uncontrolled hypertension (230 systolic or 120 diastolic or greater)			
Untreated inherited bleeding disorders (such as haemophilia and Von Willebrand's disease)			

Tick if patient has **NO** bleeding risk factors

Step 4- Risk stratification (please tick appropriate box)

One or more ticks in thrombosis risk section AND No ticks in bleeding risk assessment <input type="checkbox"/>	One or more ticks in thrombosis risk section AND ≥1 tick(s) in bleeding risk <input type="checkbox"/>	NO ticks in thrombosis risk section AND NO tick in bleeding risk <input type="checkbox"/>
High risk of VTE with low risk of bleeding	High risk of VTE with significant risk of bleeding	Low risk of VTE
↓	↓	↓
<ul style="list-style-type: none"> LMWH thromboprophylaxis, early mobilisation, hydration, leg exercises for ALL PATIENTS unless C/I TEDs or ICD devices for SURGICAL PATIENTS ONLY unless C/I (see guidelines and below**) 	<ul style="list-style-type: none"> TEDs or ICD devices for ALL PATIENTS unless C/I (see guidelines and below**) Early mobilisation, hydration, leg exercises, for ALL PATIENTS Consider haematology consultation 	<ul style="list-style-type: none"> TEDS or ICD devices ALL SURGICAL PATIENTS unless C/I (see guidelines and below**) Early mobilisation, hydration, leg exercises, for ALL PATIENTS

Step 5- Tinzaparin dose recommendations for thromboprophylaxis for ADULT patients, note SC= subcutaneous

	<50Kg	50-100Kg	≥100Kg
eGFR ≥20ml/min	3,500 units once daily SC	4,500 units once daily SC	50 units/Kg once daily SC OR 75 units/Kg if at high risk for VTE
eGFR <20ml/min	2,500 units once daily SC	3,500 units once daily SC	50 units/Kg once daily SC

Step 6 - Risk assessment completed, please sign and date

If you need to reassess patient please outline details of risk assessment in patients' medical notes

Doctor Name:.....MCRN:.....Signature:.....Date:.....

**C/I to anti-embolism stockings: Do NOT use in severe peripheral vascular disease, severe dermatitis, massive leg oedema, leg deformity, peripheral neuropathy, recent skin graft, allergy to fabric or acute stroke. Alternatives are foot pumps or intermittent compression devices.