

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

ADULT VENOUS THROMBOEMBOLISM RISK ASSESSMENT TOOL

1. Assess Venous Thromboembolism (VTE) Risk and Allocate Patient into Risk Category

<input type="checkbox"/> Higher Risk
<input type="checkbox"/> Total hip replacement, total knee replacement, or hip fracture surgery <input type="checkbox"/> Abdominal or pelvic surgery for cancer <input type="checkbox"/> Multiple major trauma <input type="checkbox"/> Acute spinal cord injury with paresis
<input type="checkbox"/> Moderate Risk
<input type="checkbox"/> Patients who are not in either the lower- or higher-risk group
<input type="checkbox"/> Lower Risk
<input type="checkbox"/> Ambulatory patient without VTE risk factors <input type="checkbox"/> Ambulatory patient with VTE risk factors BUT expected length of stay \leq 2 days <input type="checkbox"/> Minor surgery* in patient without VTE risk factors <small>*same day surgery or operating time < 30 mins</small>

Consider VTE Risk Factors

VTE Risk Factors

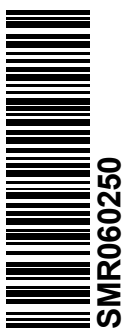
- Moderate to major* surgery
*operating time > 45 minutes and/or involves abdomen
- Prior history of VTE
- Known thrombophilia (including inherited disorders)
- Active malignancy or cancer treatment
- Significantly reduced mobility relative to normal state
- Age > 60 years
- Congestive heart failure
- Myocardial infarction
- Active or chronic lung disease
- Active infection
- Inflammatory bowel disease
- Active rheumatic disease
- Obesity (BMI > 30kg/m²)
- Hormonal replacement therapy
- Oestrogen-based contraceptives
- Myeloproliferative neoplasms
- Pregnant or < 6 weeks post-partum (Refer to Obstetrics Consultant / Team prior to commencing pharmacological and/or mechanical prophylaxis)
- Varicose veins/chronic venous stasis
- Nephrotic syndrome
- Dehydration
- Sickle cell disease

2. Identify Contraindications and Other Conditions to Consider with Pharmacological Prophylaxis

<p>Absolute Contraindication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active haemorrhage <input type="checkbox"/> Severe trauma to head or spinal cord, with haemorrhage in last 4 weeks <input type="checkbox"/> Thrombocytopenia (platelets < 50 x 10⁹/L) OR coagulopathy <input type="checkbox"/> End stage liver disease (INR > 1.5) <input type="checkbox"/> Therapeutic anticoagulation with medication e.g. warfarin, dabigatran, rivaroxaban, fondaparinux, apixaban <input type="checkbox"/> Other _____ 	<p>Relative Contraindication (Consider risk vs benefit)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intracranial haemorrhage within last year <input type="checkbox"/> Craniotomy within 2 weeks <input type="checkbox"/> Intraocular surgery within 2 weeks <input type="checkbox"/> Gastrointestinal OR genitourinary haemorrhage within last month <input type="checkbox"/> Active intracranial lesions/neoplasms <input type="checkbox"/> Hypertensive emergency <input type="checkbox"/> Post-operative bleeding concerns <input type="checkbox"/> Use of antiplatelets (e.g. aspirin, clopidogrel, dipyridamole) <input type="checkbox"/> Inherited bleeding disorder <input type="checkbox"/> High falls risk 	<p>Other Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heparin-sensitivity or history of heparin-induced thrombocytopenia (HIT) (Consult Haematologist for alternative treatment e.g. danaparoid use) <input type="checkbox"/> Insertion/removal of epidural catheter or spinal needle (lumbar puncture) (current or planned)* <input type="checkbox"/> Creatinine clearance <30mL/min (see recommendations overleaf) <input type="checkbox"/> Acute stroke (Seek further advice from stroke service) <input type="checkbox"/> Neurosurgery (Seek further advice from Neurosurgery Consultant) <input type="checkbox"/> Weight < 50kg or > 100kg (consider dosage adjustment as per local guidelines)
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3. Identify Contraindications to Mechanical Prophylaxis

<ul style="list-style-type: none"> <input type="checkbox"/> Skin ulceration <input type="checkbox"/> Severe peripheral vascular disease <input type="checkbox"/> Severe dermatitis <input type="checkbox"/> Lower leg trauma <input type="checkbox"/> Severe lower leg deformity 	<ul style="list-style-type: none"> <input type="checkbox"/> Recent lower limb DVT (anti-embolic stockings may be used) <input type="checkbox"/> Massive leg oedema/pulmonary oedema due to congestive cardiac failure <input type="checkbox"/> Morbid obesity (where correct fitting of stocking cannot be achieved) 	<ul style="list-style-type: none"> <input type="checkbox"/> Peripheral neuropathy (Intermittent pneumatic compression can be used) <input type="checkbox"/> Recent skin graft <input type="checkbox"/> Stroke patients (avoid anti-embolic stockings)
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Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH700015 - 180914



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4. Prescribe Appropriate Prophylaxis

Higher Risk

Select one pharmacological option:

- Enoxaparin 40 mg subcutaneous daily
- Enoxaparin 20 mg subcutaneous daily if **Creatinine Clearance < 30mL/min** (or use Heparin 5,000 units subcutaneous 8- or 12-hourly)[§]
- Dalteparin 5,000 units subcutaneous daily
- Alternative oral agent for Orthopaedic Surgical patients (see below)*

OR

- No pharmacological prophylaxis because of contraindication or not advised

AND Select one mechanical device

- Graduated compression stockings / anti-embolic stockings
- Intermittent pneumatic compression
- Foot impulse device
- No mechanical prophylaxis because of contraindication

PLUS Early mobilisation Patient education

Moderate Risk

Select one pharmacological option:

- Enoxaparin 40 mg subcutaneous daily
- Enoxaparin 20 mg subcutaneous daily if **Creatinine Clearance < 30mL/min** (or use heparin)
- Dalteparin 5,000 units subcutaneous daily
- Heparin 5,000 units subcutaneous 8- or 12-hourly

OR

- No pharmacological prophylaxis because of contraindication or not advised

OR Select one mechanical device for patients if not prescribing pharmacological prophylaxis:

- Graduated compression stockings / anti-embolic stockings
- Intermittent pneumatic compression
- Foot impulse device
- No mechanical prophylaxis because of contraindication

PLUS Early mobilisation Patient education

Lower Risk

Prophylaxis not required

Early mobilisation

Patient education

Tool adapted from the San Diego Medical Center VTE Risk Assessment and Prophylaxis Orders with permission. Guidance is based on the NHMRC Clinical Practice Guideline, for the prevention of VTE in patients admitted to Australian Hospitals, 2009. This tool does not preclude the use of clinical judgement and discretion.

5. Other Considerations

#Insertion or removal of epidural catheter or spinal needle (lumbar puncture) should be carried out ≥ 4 hours before a prophylactic dose of LMWH AND ≥ 10 hours after a previously administered dose. For other agents, please refer to the Product Information.

*Orthopaedic Surgery: Alternative agents may include

- Hip replacement: dabigatran, rivaroxaban, fondaparinux, apixaban
- Knee replacement: dabigatran, rivaroxaban, fondaparinux, apixaban
- Hip fracture: fondaparinux, aspirin in combination with LMWH

§ Note: In hip and knee replacement surgery, LMWH is preferred over heparin

6. Consider Duration of Therapy

Medical patients:

- Continue until acute medical condition is stable, patient is mobile or until hospital discharge

Surgical patients:

- Total hip replacement/hip fracture surgery: continue for 28 to 35 days
- Total knee replacement: continue for up to 14 days
- Lower leg immobilisation due to injury: until fully mobile
- Major general surgery: continue for up to 1 week or until fully mobile

KEY:

LMWH = low molecular weight heparin e.g. enoxaparin, dalteparin

Date completed: ____/____/____ Name: _____ Signature: _____ Designation: _____

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