NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]

NHS Greater Glasgow and Clyde

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Operative patients

Non-operative patients

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Yes ☐

No ☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- **Complete Risk Assessment Result Box.**

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☐	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy or tamoxifen	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Surgical procedure with total anaesthetic/surgical time >90 min, or >60 min if surgery on lower limb or pelvis	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease	☐	Acute surgical admission with inflammatory or intra-abdominal condition including Pelvic Inflammatory Disease	☐
Personal history or first degree relative with a history of VTE	☐	Hip fracture	☐
Varicose veins with phlebitis	☐	All gynaecological surgery except uncomplicated gynaecological diagnostic day case procedures	☐

Yes, 1 or more risk factors identified ☐

No risk factors identified ☐

Indicators of high risk bleeding (tick √ all that apply)

Active bleeding	☐	Lumbar puncture, epidural/spinal anaesthesia • Expected within the next 12 hours • Within the previous 4 hours	☐
Acquired bleeding disorders (e.g. liver failure)	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Concurrent use of other anticoagulants (e.g. warfarin, rivaroxaban, apixaban, edoxaban) is a contra-indication to additional phamacological thromboprophylaxis	☐		
Acute stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m^2: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery , spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- **Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis**
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☐

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m^2 ☐

If weight> 120kg, consider Enoxaparin 40mg bd (see StaffNet Guideline).

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y ☐ N ☐

Peripheral neuropathy	☐
Peripheral arterial disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Indicators of high risk bleeding: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____