

Venous Thromboembolism (VTE) Risk Assessment for Adult Surgical Patients

Patient name:

Please fill in this form, sign and file in notes
Prescribe appropriate prophylaxis on drug chart

Hospital no:

DOB:

Risk Category	Surgery	Tick	Recommended Prophylaxis	
HIGH	Hip fracture, hip or knee arthroplasty		Enoxaparin 40 mg daily* + TED stockings +/- Sequential compression device * use rivaroxaban 10mg daily in elective hip or knee arthroplasty	
	Major trauma /spinal cord injury			
	Major surgery with an additional risk factor			
MODERATE	Major surgery with NO additional risk factors		Enoxaparin 40 mg daily + TED stockings	
	Minor surgery with an additional risk factor			
LOW	Minor surgery with NO additional risk factors		Early mobilisation	
Additional Risk Factors		Tick	Additional Risk Factors	Tick
Age >60 years			Acute inflammatory disorder	
Personal or family history of VTE			Pregnancy and the post partum period	
Thrombophilia			Hormone therapy e.g. HRT/COCP	
Active cancer or treatment			Obesity (BMI $\geq 30\text{kg/m}^2$)	
Acute exacerbation of heart failure			Nephrotic syndrome	
Recent MI			Travel >3 hrs within 4 weeks of surgery	
Recent ischaemic stroke			Anticipated post-op bed rest > 3 days	
Acute on chronic respiratory disease			Paresis of one or more limbs	
Sepsis			Varicose veins	
Clinician's name		Clinician's signature		Date
Contraindications		Contraindications		
Enoxaparin		TEDs/SCDs		
Creatinine >150 $\mu\text{mol/l}$ (CrCl < 30ml/min) - use unfractionated heparin 5000 units BD		Severe peripheral vascular disease		
Active bleeding		Recently diagnosed lower limb DVT (SCDs only)		
Thrombocytopenia (platelet count <50)		Severe dermatitis		
Known bleeding disorder		Massive leg oedema		
Previous HIT or allergy to enoxaparin		Leg deformity		
On therapeutic anticoagulation		Peripheral neuropathy		
		Recent skin graft		
Physician must review recommended prophylaxis and check for contraindications before prescribing appropriate thromboprophylaxis				

Major surgery: Any surgery lasting ≥ 60 minutes

Timing: Enoxaparin should start 6 hours post op (providing haemostasis secured) and then at 6pm daily thereafter. In addition, enoxaparin can be given the evening prior to surgery.

Epidural/spinal analgesia:

Placement or removal of catheter should be delayed for 12 hrs after administration of enoxaparin. Enoxaparin should not be given sooner than 4 hrs after catheter removal.

Duration:

At least 10 days prophylaxis is recommended for all high risk orthopaedic patients. 14 days prophylaxis is recommended for elective knee replacement. Extended prophylaxis (28 days) is recommended for elective hip replacement, hip fracture and other selected high-risk general surgery patients e.g. major cancer surgery.

Obesity : use enoxaparin 40mg twice daily if body weight >100kg (or 60 mg bd if body weight >150kg)

Sequential compression device (SCD): Consider in high-risk patients & those unable to receive LMWH due to high bleeding risk.