

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

All patients should be risk assessed on admission to hospital. Patients should be reassessed within 24 hours of admission and whenever the clinical situation changes.

STEP ONE

Assess all patients admitted to hospital for level of mobility (tick one box). All surgical patients, and all medical patients with significantly reduced mobility, should be considered for further risk assessment.

STEP TWO

Review the patient-related factors shown on the assessment sheet against **thrombosis** risk, ticking each box that applies (more than one box can be ticked).

Any tick for thrombosis risk should prompt thromboprophylaxis according to NICE guidance.

The risk factors identified are not exhaustive. Clinicians may consider additional risks in individual patients and offer thromboprophylaxis as appropriate.

STEP THREE

Review the patient-related factors shown against **bleeding risk** and tick each box that applies (more than one box can be ticked).

Any tick should prompt clinical staff to consider if bleeding risk is sufficient to preclude pharmacological intervention.

Guidance on thromboprophylaxis is available at:

National Institute for Health and Clinical Excellence (2010) Venous thromboembolism: reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital. NICE clinical guideline 92. London: National Institute for Health and Clinical Excellence.

<http://www.nice.org.uk/guidance/CG92>

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Mobility – all patients (tick one box)	Tick		Tick		Tick
Surgical patient		Medical patient expected to have ongoing reduced mobility relative to normal state		Medical patient NOT expected to have significantly reduced mobility relative to normal state	
Assess for thrombosis and bleeding risk below				Risk assessment now complete	

Thrombosis risk					
Patient related		Tick	Admission related		Tick
Active cancer or cancer treatment			Significantly reduced mobility for 3 days or more		
Age > 60			Hip or knee replacement		
Dehydration			Hip fracture		
Known thrombophilias			Total anaesthetic + surgical time > 90 minutes		
Obesity (BMI >30 kg/m ²)			Surgery involving pelvis or lower limb with a total anaesthetic + surgical time > 60 minutes		
One or more significant medical comorbidities (eg heart disease;metabolic,endocrine or respiratory pathologies;acute infectious diseases; inflammatory conditions)			Acute surgical admission with inflammatory or intra-abdominal condition		
Personal history or first-degree relative with a history of VTE			Critical care admission		
Use of hormone replacement therapy			Surgery with significant reduction in mobility		
Use of oestrogen-containing contraceptive therapy					
Varicose veins with phlebitis					
Pregnancy or < 6 weeks post partum (see NICE guidance for specific risk factors)					

Bleeding risk					
Patient related		Tick	Admission related		Tick
Active bleeding			Neurosurgery, spinal surgery or eye surgery		
Acquired bleeding disorders (such as acute liver failure)			Other procedure with high bleeding risk		
Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR >2)			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 < 75x10 ⁹ /l)					
Uncontrolled systolic hypertension (230/120 mmHg or higher)					
Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease)					