Venous Thromboembolism Risk Factor Assessment

Patient’s Name:_________________ Age: ___ Sex: ___ Wgt ___ lbs Hgt: _____ inches

Choose All That Apply

Each Risk Factor Represents 1 Point

- Age 40-59 years
- Minor surgery planned
- History of prior major surgery
- Varicose veins
- History of inflammatory bowel disease
- Swollen legs (current)
- Obesity (BMI >30)
- Acute myocardial infarction (< 1 month)
- Congestive heart failure (< 1 month)
- Sepsis (< 1 month)
- Serious lung disease incl. pneumonia (< 1 month)
- Abnormal pulmonary function (COPD)
- Medical patient currently at bed rest
- Leg plaster cast or brace
- Central venous access
- Other risk factor _________________
- Blood transfusion (<1 month)

Each Risk Factor Represents 2 Points

- Age 60-74 years
- Major surgery (> 60 minutes)*
- Arthroscopic surgery (> 60 minutes)*
- Laparoscopic surgery (> 60 minutes)*
- Previous malignancy
- Morbid obesity (BMI >40)

Each Risk Factor Represents 3 Points

- Age 75 years or more
- Major surgery lasting 2-3 hours*
- BMI > 50 (venous stasis syndrome)
- History of SVT, DVT/PE
- Family history of DVT/PE
- Present cancer or chemotherapy
- Positive Factor V Leiden
- Positive Prothrombin 20210A
- Elevated serum homocysteine
- Positive Lupus anticoagulant
- Elevated anticardiolipin antibodies
- Heparin-induced thrombocytopenia (HIT)
- Other thrombophilia
- Type ____________________________

For Women Only (Each Represents 1 Point)

- Oral contraceptives or hormone replacement therapy
- Pregnancy or postpartum (<1 month)
- History of unexplained stillborn infant, recurrent spontaneous abortion (≥ 3), premature birth with toxemia or growth-restricted infant

Each Risk Factor Represents 5 Points

- Elective major lower extremity arthroplasty
- Hip, pelvis or leg fracture (< 1 month)
- Stroke (< 1 month)
- Multiple trauma (< 1 month)
- Acute spinal cord injury (paralysis)(< 1 month)
- Major surgery lasting over 3 hours*

Total Risk Factor Score

*Select only one from the surgery category

Please see Following Page for Prophylaxis suggestions and Safety Considerations
VTE Risk and Suggested Prophylaxis For Surgical Patients

<table>
<thead>
<tr>
<th>Total Risk Factor Score</th>
<th>Incidence of DVT</th>
<th>30-day Proven DVT Incidence*</th>
<th>Risk Level</th>
<th>Prophylaxis Regimen</th>
<th>Legend</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1</td>
<td>&lt;10%</td>
<td>0%</td>
<td>Low Risk</td>
<td>No specific measures; early ambulation</td>
<td>IPC - Intermittent Pneumatic Compression</td>
</tr>
<tr>
<td>2</td>
<td>10-20%</td>
<td>0.7%</td>
<td>Moderate Risk</td>
<td>IPC, LDUH (5000U BID), or LWMH (&lt;3400 U)</td>
<td>LDUH - Low Dose Unfractionated Heparin</td>
</tr>
<tr>
<td>3-4</td>
<td>20-40%</td>
<td>0.97%</td>
<td>High Risk</td>
<td>IPC, LDUH (5000U TID), or LMWH (&gt;3400 U) or FXa I</td>
<td>LMWH - Low Molecular Weight Heparin</td>
</tr>
<tr>
<td>5 or more</td>
<td>40-80% 1-5% mortality</td>
<td>1.94%</td>
<td>Highest Risk</td>
<td>Pharmacological; LDUH, LMWH (&gt;3400 U), Warfarin, or FXa I alone or in combination with IPC</td>
<td>FXa I - Factor X Inhibitor</td>
</tr>
</tbody>
</table>

*30-day post-discharge clinically evident imaging proven DVT

Prophylaxis Safety Considerations: Check box if answer is ‘YES’

Anticoagulants: Factors Associated with Increased Bleeding

- Is patient experiencing any active bleeding?
- Does patient have (or has had history of) heparin-induced thrombocytopenia?
- Is patient’s platelet count <100,000/mm³?
- Is patient taking oral anticoagulants, platelet inhibitors (e.g., NSAIDS, Clopidogrel, Salicylates)?
- Is patient’s creatinine clearance abnormal? If yes, please indicate value ___________

If any of the above boxes are checked, the patient may not be a candidate for anticoagulant therapy and you should consider alternative prophylactic measures such as IPC or FP.

Intermittent Pneumatic Compression (IPC)

- Does patient have severe peripheral arterial disease?
- Does patient have congestive heart failure?
- Does patient have an acute superficial/deep vein thrombosis?

If any of the above boxes are checked, then patient may not be a candidate for intermittent compression therapy and you should consider alternative prophylactic measures. (IVC filter?)


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THIS DOCUMENT IS FOR EDUCATIONAL PURPOSES ONLY AND THE OPINIONS EXPRESSED ARE SOLELY THOSE OF THE AUTHOR.