

REDUCING THE RISK OF VENOUS THROMBOEMBOLISM (VTE) IN ADULT INPATIENTS (>16YEARS)

Risk assessment must be completed for ALL inpatients within 14 hours of admission or at first consultant review

Addressograph

Step 1: Weigh patient. Weight:kg

Step 2: Request FBC and U&Es.

Document renal function using Cockcroft and Gault formula and eGFR

eGFR:.....ml/min/1.73m² CrCl:.....ml/min

Step 3: Assess for **thrombosis** risk. Tick box if present, any tick identifies the need for thromboprophylaxis.

Active cancer or cancer treatment		Significantly reduced mobility for 3 days or more	
Age >60 years		Hip or knee replacement	
Dehydration		Hip fracture	
Known thrombophilia		Total anaesthetic time >90 minutes	
Obesity: BMI>30kg/m ²		Surgery involving pelvis or lower limb with a total anaesthetic time >60mins	
Personal history of first degree relative with history of VTE		Critical care admission	
Use of hormone replacement therapy (HRT)		Varicose vein with phlebitis	
Use of oestrogen containing contraceptive therapy		Pregnancy or <6 weeks post-partum*	
One or more medical comorbidities (e.g. respiratory, endocrine, metabolic, heart disease, acute infective or inflammatory conditions)			

*If pregnant or <6weeks post-partum refer to the Health Board obstetric thromboprophylaxis risk assessment form

Pharmacological thromboprophylaxis should be used unless contraindicated

1st line – Low molecular weight heparin (LMWH)

2nd line - intermittent pneumatic compression (IPC) devices- if LMWH contraindicated – see step 6 for contraindications to IPC

3rd line - anti-embolism stockings (AES) complete AES risk assessment (available as separate document)

Step 4: Ensure no contraindication to pharmacological thromboprophylaxis. Tick box if present, any tick identifies a contra-indication to pharmacological thromboprophylaxis and should not be prescribed.

Active bleeding or high risk of bleeding (including recent surgery)		History of heparin induced thrombocytopenia (HIT)	
Lumbar puncture or epidural anaesthesia within past 4 hours or due in the next 12 hours		Concurrent use of treatment doses of anticoagulation	
Acute stroke or cerebral haemorrhage		Inherited bleeding disorder	
Thrombocytopenia: platelet count <30 x10 /L		Systolic BP >230mmHg or diastolic BP >120mmHg	
Heparin allergy			

If unwell with myopericarditis – please discuss with cardiology

Step 5: If no contraindication, prescribe pharmacological thromboprophylaxis by subcutaneous injection, on the inpatient medication administration record in the **VTE prophylaxis section**. Document time of administration.

More detailed thromboprophylaxis guidance regarding orthopaedic surgery is available within the All Wales thromboprophylaxis policy and NICE Clinical Guideline (NG) 89.

Actual body weight	<50kg	50-100kg	101-150kg	>150kg
Enoxaparin* (1 st choice)	20mg OD	40mg OD	40mg BD**	60mg BD**
Tinzaparin* (if enoxaparin unavailable)	3500units OD	4500units OD	4500 units BD**	7000 units BD**

* Enoxaparin/tinzaparin unlicensed in patients <18 years

**Total daily dose can be given ONCE daily if preferred e.g. surgical patients having neuraxial procedures. For all epidural patients discuss with Anaesthetist and document time of administration.

Dosing in renal impairment: If creatinine clearance is between 15-30ml/min give enoxaparin 20mg OD. If creatinine clearance below 15ml/min avoid LMWH, consider use of unfractionated heparin 5000units every 12 hours.

Step 6: If pharmacological thromboprophylaxis contra-indicated, consider use of IPC. Tick box below to identify any contra-indications to the use of IPC.

Severe peripheral vascular disease		Severe skin inflammation		Non pitting chronic lymphoedema	
Severe peripheral neuropathy		Severe congestive cardiac failure		Suspected VTE or superficial thrombophlebitis	

Provide verbal and written information on VTE prophylaxis to patients

Person completing form on admission:	Must be reassessed at consultant review or if patient's clinical condition changes Person re-assessing risk of thrombosis and bleeding				
Name:	Name:				
Signature:	Signature:				
Date:	Date:				

Thromboprophylaxis not required / stopped. Document reason.	If deviating from guidelines, please document rationale:
Name:	Name:
Signature:	Signature:
Date:	Date: