

Affix Patient Label here or record:

Name: .....

NHS No:

Hosp No:

D.O.B:    /    /     Male  Female

WRH  KTC  ALX

## Emergency Department / Orthopaedics

# VTE Risk Assessment for Patients in Lower Limb PoP / Immobilisation

Complete this form for any patient over the age of 16yrs who is being placed in lower limb immobilisation or NWB.

**VTE RISK Factors for VTE – tick all that apply**

Age > 60 years	Previous DVT or PE 1st degree relative with Hx of VTE	
Obesity (BMI > 30 )	Use of HRT or tamoxifen	
Active cancer or cancer treatment	Varicose veins with evidence of phlebitis	
Known Thrombophilia	Active smoker	
Pregnancy or ≤ 6/52 post-partum	Serious medical co-morbidity	
Recent in-patient (<6/52)	Prolonged (>48hr) new immobility pre or post injury	

Tick here if  
**NO**  risk factors identified.

Routine care only, form is now completed – ensure it is scanned into the patient's notes

**Please tick any Contra-indications to Thromboprophylaxis**

Active bleeding from any site	Thrombocytopenia (Platelet count <75x10 <sup>9</sup> )	
Untreated hereditary bleeding disorders	Recent spinal or epidural surgery or LP	
Risks outweigh benefits i.e falls risk	Concurrent acute CVE or intra cranial Bleed last 6 weeks	
Already on anticoagulation or DOAC	Upper GI bleed within weeks or known varices / peptic ulcer	
≤ 6/52 of Major Trauma / Eye / CNS surgery	Severe hypertension >180/110mmHg or uncontrolled hypertension	
Known vascular aneurysm	Acquired bleeding tendencies or Liver failure (INR >1.3)	

If any boxes have been ticked then the patient is NOT suitable for thromboprophylaxis (enoxaparin or rivaroxaban) despite having a risk of VTE – these cases should be discussed with Senior Doctor

**If no boxes have been ticked then your patient is eligible for thromboprophylaxis  
Rivaroxaban may be used unless any of the following contraindications apply**

Hypersensitivity / reaction to DOAC	Pregnancy, Breast feeding, Post-partum (6/52)	
Malignant neoplasm at risk of bleeding	Renal disease CrCl<30 mL/min or Cr>400 umol/L	
Anti-phospholipid syndrome	Drug interactions (see box1 – overleaf)	

If any boxes have been ticked then use enoxaparin if CrCl >15ml/min.

**Management**

Notes on the reverse of this form have been read	
Explain the management and symptoms of DVT/PE and gain verbal consent for treatment	
Only request FBC, U&Es, and LFTS if known or suspicion of renal disease or bleeding disorder or anaemia	
Give the patient the information leaflet for rivaroxaban / enoxaparin PLUS the DVT / PE prevention leaflet	
Prescribe the TTO Thromboprophylaxis (rivaroxaban / enoxaparin) [an outpatient prescription or FP10] (see box 3 for dosing)	
Ensure Trauma Clinic or other specified follow-up, for example if out of area	
Use GP Free Text in Patient First or Clinic Letter to inform GP of Thromboprophylaxis prescription	

**Prescribed Thromboprophylaxis:**       **Rivaroxaban (adults)**       **None** (document reasoning in notes)  
 **Enoxaparin (Inhixa)**

**Requesting health professional**

Name: ..... Designation: ..... Registration No: ..... Date: .....



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## Notes

- ALL patients with any of the following risk factors:
  - Rigid immobilisation (above or below knee) e.g. Plaster of Paris
  - Non-weight bearing status
  - Acute severe injury (dislocation, fracture or complete tendon rupture)
- **MUST** be risk stratified and commenced on prophylactic anticoagulation if appropriate.
- If the patient is on Oral Contraceptive Pills containing Oestrogen, the tablets must be stopped for the entire duration that the POP/ cast is on and alternate methods of contraception must be used but no thromboprophylaxis is required.
- If your patient is on warfarin, you **MUST** check the INR and ensure that the INR is > 2, this may or may not require a change in warfarin dose. Do not prescribe additional thromboprophylaxis if the patient is already taking therapeutic anticoagulation.
- As an alternative to enoxaparin if it cannot be used due to religious reasons, use fondaparinux 2.5mg OD (unlicensed in children under the age of 17)
- Once completed this form must be scanned into the patient notes whether or not the patient receives prophylaxis.

### Box 1. Rivaroxaban Drug interactions

- Ketoconazole, itraconazole, voriconazole, posaconazole
- HIV protease inhibitors
- Cobicistat
- Dronadarone
- CYP3A4 inducers (including rifampicin, phenytoin, carbamazepine, phenobarbital or St Johns Wort)

### Box 2. Rivaroxaban dosing in adults (age ≥ 18 years) with creatinine clearance >30ml/minute

- 10mg once daily

### Box 3. Enoxaparin dosing

- Use 40mg daily in patients with CrCl >30ml/minute
- Use 20mg daily in patients with CrCl 15-29ml/minute or weighing less than 50kg
- Consider larger doses e.g. 40mg BD in patients weighing >100kg
- Give the patient the information leaflet for enoxaparin and how to inject
- Advise the patient how to inject the enoxaparin daily and show them
- Prescribe the TTO enoxaparin on an outpatient prescription or FP10
- Give patients a TTO Sharps Bin and information on disposal.
- Enoxaparin is not currently licensed for use in under 18 years of age. The prescriber should follow the relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented.

