

## Inpatient VTE Prophylaxis Risk Assessment - Adults 18 and Older

(NOT Intended for Patients Already Receiving Enoxaparin, Fondaparinux, Unfractionated Heparin and Warfarin)

Height _____ cm	Weight _____ kg	Allergies _____
<b>Surgical Risk Assessment</b>		
<b>Has the patient had any following surgical procedures within the past 24 hours?</b>		[ ] Yes [ ] No
<b>(Check all that apply):</b> <input type="checkbox"/> Intracranial or Intraocular Procedures <input type="checkbox"/> Total Joint Replacement-Hip or Knee, or Hip Fracture Surgery- Refer to Total Joint Care Track. <input type="checkbox"/> Gynecological, Obstetrical, Urological or Elective Spinal Surgical Procedures <input type="checkbox"/> General or Thoracic Surgical Procedures <input type="checkbox"/> Cardiovascular Procedures [CABG &/or Valve]		
<b>Medical Risk Assessment</b>		
<b>Does the patient have any of the medical risk factors listed below?</b>		[ ] Yes [ ] No
<b>(Check all that apply):</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Prolonged immobilization, paralysis, or confined to bed  <input type="checkbox"/> ICU patient  <input type="checkbox"/> Sepsis diagnosis or Active Infection  <input type="checkbox"/> Prior history of VTE or Pulmonary Embolism  <input type="checkbox"/> Central Line or PICC Line  <input type="checkbox"/> Ischemic Stroke (non-hemorrhagic)  <input type="checkbox"/> Current treatment with estrogens (Oral contraceptives; HRT)           </div> <div style="width: 48%;"> <input type="checkbox"/> Active inflammatory bowel disease  <input type="checkbox"/> Cancer and/or presence of malignancy  <input type="checkbox"/> Hypercoagulable State  <input type="checkbox"/> Nephrotic Syndrome  <input type="checkbox"/> Respiratory Disease (COPD or Pneumonia)  <input type="checkbox"/> Heart Failure  <input type="checkbox"/> Morbid Obesity (BMI greater than 35)  <input type="checkbox"/> Age greater than 45           </div> </div>		
<b>Bleeding Risk Assessment</b>		
<b>Does the patient have any of the bleeding risk factors listed below?</b>		[ ] Yes [ ] No
<b>(Check all that apply):</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Documented bleeding disorder  <input type="checkbox"/> Active bleeding  <input type="checkbox"/> Heparin Induced Thrombocytopenia (HIT)  <input type="checkbox"/> Coagulopathy Disorder  <input type="checkbox"/> Recent Spinal Surgery  <input type="checkbox"/> Heparin Allergy or Pork Allergy           </div> <div style="width: 48%;"> <input type="checkbox"/> Hemorrhagic Stroke w/in 6 weeks of admission  <input type="checkbox"/> Recent Intraocular or Intracranial Surgery  <input type="checkbox"/> Severe uncontrolled hypertension  <input type="checkbox"/> Pregnancy or Possible Pregnancy  <input type="checkbox"/> Epidural Spinal Catheter           </div> </div>		
<b>Mechanical Device (SCD) Risk Assessment</b>		
<b>Do any of the following conditions apply?</b>		[ ] Yes [ ] No
<b>(Check all that apply):</b> <input type="checkbox"/> Known or suspected deep vein thrombosis or pulmonary embolism <input type="checkbox"/> Acute stages of the inflammatory phlebitis process <input type="checkbox"/> Disruptions in lower extremity skin integrity <input type="checkbox"/> Arterial Occlusion <input type="checkbox"/> Instances where increased venous or lymphatic return is undesirable <input type="checkbox"/> Massive lower extremity edema <input type="checkbox"/> Unable to place device <b>*If any contraindications to mechanical devices are present and the patient is not a candidate for pharmacological prophylaxis, contact physician for consideration of early ambulation.</b>		
<b>NOTE:</b> If both Medical and Surgical Risks are present, refer to the applicable Surgical Procedure VTE prophylaxis order set recommendations. If no Surgical Risks, refer to the applicable Medical VTE prophylaxis order set recommendations.		

RN Name: \_\_\_\_\_ RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Do not remove from chart - Permanent part of the Medical Record)

