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

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

<table>
<thead>
<tr>
<th>Height _______ cm</th>
<th>Weight _______ kg</th>
<th>Allergies ____________________</th>
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**Surgical Risk Assessment**

Has the patient had any following surgical procedures within the past 24 hours?  
[ ] Yes  [ ] No

(Check all that apply):

- [ ] Intracranial or Intraocular Procedures
- [ ] Total Joint Replacement-Hip or Knee, or Hip Fracture Surgery- Refer to Total Joint Care Track.
- [ ] Gynecological, Obstetrical, Urological or Elective Spinal Surgical Procedures
- [ ] General or Thoracic Surgical Procedures
- [ ] Cardiovascular Procedures [CABG &/or Valve]

**Medical Risk Assessment**

Does the patient have any of the medical risk factors listed below?  
[ ] Yes  [ ] No

(Check all that apply):

- [ ] Prolonged immobilization, paralysis, or confined to bed  
- [ ] ICU patient  
- [ ] Sepsis diagnosis or Active Infection  
- [ ] Prior history of VTE or Pulmonary Embolism  
- [ ] Central Line or PICC Line  
- [ ] Ischemic Stroke (non-hemorrhagic)  
- [ ] Current treatment with estrogens  
  (Oral contraceptives; HRT)
- [ ] Active inflammatory bowel disease  
- [ ] Cancer and/or presence of malignancy  
- [ ] Hypercoagulable State  
- [ ] Nephrotic Syndrome  
- [ ] Respiratory Disease (COPD or Pneumonia)  
- [ ] Heart Failure  
- [ ] Age greater than 45

**Bleeding Risk Assessment**

Does the patient have any of the bleeding risk factors listed below?  
[ ] Yes  [ ] No

(Check all that apply):

- [ ] Documented bleeding disorder  
- [ ] Active bleeding  
- [ ] Heparin Induced Thrombocytopenia (HIT)  
- [ ] Coagulopathy Disorder  
- [ ] Recent Spinal Surgery  
- [ ] Heparin Allergy or Pork Allergy  
- [ ] Hemorrhagic Stroke w/in 6 weeks of admission  
- [ ] Recent Intraocular or Intracranial Surgery  
- [ ] Severe uncontrolled hypertension  
- [ ] Pregnancy or Possible Pregnancy  
- [ ] Epidural Spinal Catheter  
- [ ] Morbid Obesity (BMI greater than 35)

**Mechanical Device (SCD) Risk Assessment**

Do any of the following conditions apply?  
[ ] Yes  [ ] No

(Check all that apply):

- [ ] Known or suspected deep vein thrombosis or pulmonary embolism  
- [ ] Acute stages of the inflammatory phlebitis process  
- [ ] Disruptions in lower extremity skin integrity  
- [ ] Arterial Occlusion  
- [ ] Instances where increased venous or lymphatic return is undesirable  
- [ ] Massive lower extremity edema  
- [ ] Unable to place device

*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.*

**NOTE:** 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)*

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