

# CANADIAN COMMUNITY HOSPITAL

## VENOUS THROMBOEMBOLISM RISK ASSESSMENT

(Patient ID)
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### ADMISSION RISK ASSESSMENT

- Yes  No: History of VTE or known thrombophilia
- Yes  No: Planned hip or knee arthroplasty
- Yes  No: Current hip fracture → Suggest unfractionated heparin 5000 units subcutaneous bid in anticipation of spinal anesthetic.
- Yes  No: Active malignancy
- Yes  No: Planned major abdominal/pelvic surgery (evaluate case by case)
- Yes  No: Consider other risk factors:  Morbid obesity  Bed rest > 3 days  
 First degree relative with unprovoked VTE  
 Other: \_\_\_\_\_
- Yes  No: Active bleeding or risk factors: \_\_\_\_\_

### In-Hospital Prophylaxis ordered (See Physician Orders)

- Mechanical  Pharmacologic  None

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Practitioner's Signature

### VENOUS THROMBOEMBOLISM PROPHYLAXIS OPTIONS

- Mechanical options include graduated compression stockings or intermittent pneumatic compression devices. These are not recommended as the sole treatment for patients who are high-risk for VTE unless there is a high risk of bleeding. Mechanical options can be added to pharmacologic options for high-risk patients. Risks of mechanical VTE prophylaxis include skin breakdown or ulcer development, particularly in stroke patients.
- Pharmacologic options include enoxaparin or unfractionated heparin. Patients at high risk of bleeding should generally not receive heparin. In patients with significant renal impairment or expected to require spinal/epidural anesthesia (e.g. hip fracture), unfractionated heparin is preferred over enoxaparin (shorter duration and reversible). Suggested doses:

	Normal weight	Obese	Underweight
Enoxaparin	40 mg subcutaneous daily	30 mg subcutaneous bid	30 mg subcutaneous daily
Unfractionated heparin	5000 units subcutaneous bid	5000 units subcutaneous tid	3000 units subcutaneous bid