

Medical Admissions Venous Thromboembolism (VTE) Prophylaxis Tool (Adults)

DO NOT USE IN ACUTE STROKE

Write or attach label

HCR No:
 CHI No:
 Surname:
 Forename: Sex:
 Address:

ARE THERE ANY THROMBOSIS RISK FACTORS? (tick if apply)

- Age >60 years
- Active cancer or cancer treatment
- Any significant medical illness (e.g. heart, metabolic, endocrine, or respiratory disease; acute infection; inflammatory condition)
- Critical care admission e.g. HDU/ITU
- Dehydration
- Known thrombophilia
- Obesity (BMI >30)
- Personal history or first degree relative with a history of VTE
- Pregnancy or <6 weeks post partum
- Significantly reduced mobility for 3 days or more
- Use of hormone replacement therapy
- Use of oestrogen-containing contraceptive therapy

NO RISK FACTORS

- No prophylaxis required.
- Review decision 3x weekly

1+ risk factor

ANY CONTRAINDICATIONS TO DALTEPARIN? (tick if apply)

- Epidural/Spinal Anaesthesia/Lumbar Puncture in previous 4 hours or expected within next 12 hours
- Any other procedure with high bleeding risk expected during this admission (including neurosurgery, spinal or eye surgery)
- Active bleeding
- Acute stroke
- Acute gastro-duodenal ulcer
- Acquired bleeding disorders e.g. acute liver disease
- Previous Heparin Induced Thrombocytopenia (HIT)
- Thrombocytopenia (Platelets <75x10⁹/L)
- Concurrent use of ANY other anticoagulants (e.g. warfarin)
- Uncontrolled hypertension >230/120 mmHg
- Untreated inherited bleeding disorders
- Any other concern (document in case notes)

CONTRAINDICATIONS

- Do not prescribe LMWH.
- Consider Anti Embolic stockings.
- Review decision 3 x weekly

No contra-indications

NO CONTRAINDICATIONS TO Low Molecular Weight Heparin (LMWH)

PLEASE PRESCRIBE: Dalteparin 5000 units subcutaneously ONCE DAILY.

- FBC (platelets) to be checked on day 0 and day1.
- Need for VTE prophylaxis to be reviewed 3x weekly
- Reduction of prophylactic dose is NOT required for patients with renal impairment (eGFR <30 ml/min)

Discussion with patient regarding risk of VTE & risks/benefits of LMWH

- Acute Coronary Syndrome** : should receive Fondaparinux
- Suspected Pulmonary Embolus**: should receive treatment dose Dalteparin until excluded
- Note** Treatment dose LMWH should be reduced by 20% if eGFR <30 ml/min – see [ADTC 75](#)

NAME:..... **SIGNATURE:**.....

GRADE:.....**PAGE:**.....**DATE/TIME:**.....