

# RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

***Risk assessment is recommended for all patients on admission to hospital. It is recommended that all patients are periodically reassessed during inpatient stay as risk may change. Reassessment after at least 48 to 72 hours is recommended.***

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## STEP ONE

Review the patient-related factors shown on the assessment sheet against thrombosis risk, ticking each box that applies (more than one box can be ticked). Use the highest category of risk if more than one box is ticked (e.g. if both moderate and high risk are ticked, use guidance for high-risk patients).

Any tick for thrombosis risk should prompt thromboprophylaxis according to local policy.

The risk factors identified are not exhaustive. Clinicians may consider additional risks in individual patients and offer thromboprophylaxis as appropriate.

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## STEP TWO

Review the patient-related factors shown against bleeding risk and tick each box that applies (more than one box can be ticked).

Any tick for bleeding risk should prompt clinical staff to consider if bleeding risk is sufficient to preclude pharmacological intervention.

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## STEP THREE

If the form has been filled out correctly and no boxes are ticked, then the patient is at low risk of venous thromboembolism and no intervention is indicated.

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Guidance on thromboprophylaxis is available at:

- **surgical patients** – see *Venous Thromboembolism: Reducing the Risk in Surgical Inpatients*. National Institute for Health and Clinical Excellence. <http://www.nice.org.uk/nicemedia/pdf/VTEFullGuide.pdf>
- **medical patients** – see *Report of the independent expert working group on the prevention of venous thromboembolism in hospitalised patients*. Department of Health. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_073944](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073944)
- **obstetric patients** – the risk assessment is not intended for use in pregnant women. See *Thromboprophylaxis during Pregnancy, Labour and after Vaginal Delivery (37) January 2004*. Royal College of Obstetricians and Gynaecologists. <http://www.rcog.org.uk/index.asp?PageID=535>

## RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

Thrombosis risk	Patient related	Procedure related	Tick
High	Age >60 years		
	Previous pulmonary embolism or deep vein thrombosis		
	Active cancer		
	Acute or chronic lung disease		
	Acute or chronic inflammatory disease		
	Chronic heart failure		
	Lower limb paralysis (excluding acute stroke)		
	Acute infectious disease, e.g. pneumonia		
	BMI >30kg/m <sup>2</sup>		
			Hip or knee replacement
	Hip fracture		
	Other major orthopaedic surgery		
Moderate		Surgical procedure lasting >30 minutes	
		Plaster cast immobilisation of lower limb	

Bleeding risk	Patient related	Procedure related	Tick	
	Haemophilia or other known bleeding disorder			
	Known platelet count <100			
	Acute stroke in previous month (haemorrhagic or ischaemic)			
	Blood pressure >200 systolic or 120 diastolic			
	Severe liver disease (prothrombin time above normal or known varices)			
	Severe renal disease			
	Active bleeding			
	Major bleeding risk, existing anticoagulant therapy or antiplatelet therapy			
			Neurosurgery, spinal surgery or eye surgery	
			Other procedure with high bleeding risk	
	Lumbar puncture/spinal/epidural in previous 4 hours			