NSW Health

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

EMERGENCY DEPARTMENT ADULT VTE RISK ASSESSMENT

SMR040012

EMERGENCY DEPARTMENT ADULT VENOUS THROMBOEMBOLISM (VTE) RISK ASSESSMENT TOOL

For adult patients (> 16 years) being discharged from the Emergency Department with an isolated lower limb injury requiring temporary lower limb immobilisation.

1a. Does the patient have any of the following treatment related VTE risk factors? (Tick those that apply)

- ☐ Ankle or knee immobilisation, short or long backslab or plaster cast, CAM boot, knee brace or equinus slab
- ☐ Directed not to fully weight bear

1b. Does the patient have any of the following patient related VTE risk factors? (Tick those that apply)

- ☐ **Prior history of VTE**
- ☐ **Known thrombophilia** (including inherited disorders)
- ☐ **Active malignancy or cancer treatment**
- ☐ **Obesity (BMI > 30 kg/m²)**
- ☐ **Age > 60 years**
- ☐ **Hormonal risk factors:** hormonal replacement therapy, oestrogen-based contraceptives, pregnant or < 6 weeks post-partum (refer to Obstetrics Consultant / Team prior to commencing pharmacological prophylaxis)
- ☐ **Other medical conditions associated with VTE risk:** myeloproliferative neoplasms, acute myocardial infarction, congestive heart failure, active or chronic lung disease, active infection, active rheumatic disease, acute inflammatory bowel disease, nephrotic syndrome, dehydration, varicose veins/chronic venous stasis, sickle cell disease

1c. Pharmacological prophylaxis decision

Does the patient meet either of the following critera:
Both treatment related VTE risk factors?
OR
One treatment related **AND one or more patient** related VTE risk factors?

→ **NO** → Does the patient have **one treatment** related risk factor **OR one or more patient** related VTE risk factors?

→ **YES** → Consider VTE prophylaxis on an individual patient basis
- ☐ Prophylaxis is considered appropriate (Continue onto Section 2)
- ☐ Prophylaxis is NOT considered appropriate
  - ☐ Encourage early mobilisation
  - ☐ Provide patient education (patient information is available on the CEC's VTE Prevention webpage)

→ **YES** → ☐ Recommend VTE prophylaxis (Continue onto Section 2)

2. Identify Contraindications and Other Considerations to Pharmacological Prophylaxis

Absolute Contraindication	Relative Contraindication (Consider risk vs benefit)
☐ Therapeutic anticoagulation (e.g. with warfarin, dabigatran, rivaroxaban, fondaparinux, apixaban)	☐ Intracranial haemorrhage within last year
☐ Active haemorrhage	☐ Craniotomy within 2 weeks
☐ Thrombocytopenia (platelets < 50 x 10^9/L) OR coagulopathy	☐ Intraocular surgery within 2 weeks
☐ Other:	☐ Gastrointestinal OR genitourinary haemorrhage within last month
	☐ Active intracranial lesions/neoplasms
	☐ Hypertensive emergency
	☐ Post-operative bleeding concerns
	☐ Use of antiplatelets (e.g. aspirin, clopidogrel, dipyridamole, prasugrel, ticagrelor)
	☐ Inherited bleeding disorder
	☐ High falls risk
	☐ Severe trauma to head or spinal cord, with haemorrhage
	☐ End stage liver disease (INR > 1.5)

Other Considerations

- ☐ Heparin-sensitivity or history of heparin-induced thrombocytopenia (HIT) (consult Haematologist for alternative treatment e.g. danaparoid use)
- ☐ Creatinine clearance < 30 mL/min (see recommendations overleaf)
- ☐ VTE prophylaxis for total body weight < 50 kg or > 120 kg or BMI ≥ 35: seek specialist advice regarding an appropriate dose in these patient groups. Evidence in extremes of body weight is limited and careful clinical consideration is required

Holes Punched as per AS2828.1: 2019
BINDING MARGIN - NO WRITING

EMERGENCY DEPARTMENT ADULT VTE RISK ASSESSMENT

SMR040.012

NH700955 120224

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ANY CONTRAINDICATIONS OR OTHER CONSIDERATIONS IDENTIFIED?

☐ **YES** - Refer to absolute contraindication identified or relative contraindication/other considerations identified

☐ **NO -** Continue on to Section 3

Absolute contraindication identified	Relative contraindication/Other considerations identified
☐ **DO NOT** prescribe VTE prophylaxis ☐ Encourage early mobilisation ☐ Provide patient education	☐ Seek relevant senior medical staff advice before prescribing

If patient is at risk of VTE and contraindications/other conditions (if present) have been assessed, CONTINUE:

3. Order blood tests

Order:

☐ **FBC**

☐ **EUC**

☐ **PT/APTT**

- If possible, patient should wait in ED until results are returned. If results cannot be accessed in a timely manner, refer the patient for next day follow up.

4. Prescribe appropriate VTE prophylaxis

If contraindications exist or treatment not advised following blood test review:

☐ **DO NOT** prescribe VTE prophylaxis

OR

Select one option:

☐ Enoxaparin 40 mg subcutaneous daily

☐ Enoxaparin 20 mg subcutaneous daily if Creatinine Clearance < 30 mL/min
If Creatinine Clearance is < 15 mL/min seek specialist advice regarding an alternative treatment

☐ Other: _____

5. Provide education about injection administration or make alternative arrangements for ongoing treatment

☐ Give self-injection demonstration and administer first dose THEN (Select relevant question below)

☐ Patient or patient's carer is able to manage injections → Provide CEC patient education sheet
Provide Clexane administration education sheet

☐ Patient/carer CANNOT manage injections → Refer to Outpatient Services (e.g. Community Nursing, Ambulatory Care Units)

6. Communicate information about ongoing management and monitoring to the relevant healthcare professional

Discharge procedure:

☐ Provide patient education including written information (CEC patient leaflet)

☐ Administer first dose of medication

☐ Provide take home pack of medication or access to supply

☐ Provide sharps bin

☐ Provide letter to GP - including request to repeat FBC and EUC in 7 days

☐ Arrange appropriate follow-up: Fracture clinic or GP

☐ Provide patient discharge paperwork

☐ Other: _____

Therapy for lower leg immobilisation due to injury should continue until mobility returns to normal

Name _____ **Signature** _____

Designation _____ **Date:** _____/_____/_____

NO WRITING