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| Date | | | |  | | | | | | | | | | | | | | | | | | |
| Fortnight ending Friday | | | |  | | | | | | | | | | | | | | | | | | |
| Patient group | | | | Medical | | | | | Orthopaedic | | | | | | | Surgical (non-ortho) | | | | | | |
| Post-partum | | | | | Pregnant in-patient | | | | | | | Other | | | | | | |
| Guidelines used | | | | NICE | | Padua | | | | | Caprini | | | | ACCP | | Local | | | | Other | |
| Patient reference number | | | |  | | | | | | | | | | | | | | | | | | |
| At risk of VTE? | | | | Low risk | | | | | | At risk (/High risk) | | | | | | | | Medium risk | | | | |
| Bleeding risk? | | | | No | | | | Yes | | | | | | Not assessed as not applicable | | | | | | | | |
| Contraindication to stockings? | | | | No | | | | Yes | | | | | | Not assessed as not applicable | | | | | | | | |
| Renal impairment (GFR below threshold for dose reduction in your guidelines) | | | | | | | | Normal | | | | Renal impairment | | | | | | | | Not known | | |
| Weight? | | | | Normal (50-100 kg)  Low (weight under 50 kg) | | | | | | | | | | High (over 100 kg)  Not known | | | | | | | | |
| The appropriate thromboprophylaxis for this patient should be | | | | LMWH/Heparin  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drug Dose Frequency  No LMWH/Heparin | | | | | | | | No mechanical compression  Compression stockings  Intermittent compression device  Foot pump | | | | | | | | | | |
| LMWH/Heparin **prescription** at 24 hours post-admission | | None  Tinzaparin 4500  Tinzaparin 3500  Tinzaparin 2500 | | | | | Enoxaparin 40  Enoxaparin 20 Heparin 5000 bd | | | | | | | | Tinzaparin greater than 4500  Enoxaparin greater than 40  Other | | | | | | | |
| LMWH/Heparin **administered** by 24 hours post-admission | | | | Yes  No (not administered) | | | | | | | | | | Not applicable (patient not on LMWH/heparin) | | | | | | | | |
| Mechanical compression **prescription** at 24 hours | | | | None  Foot pump | | | | | Compression stockings  Intermittent compression device | | | | | | | | | | | | | Other |
| Mechanical compression **in place** at 24 hours | | | | None  Foot pump | | | | | Compression stockings  Intermittent compression device | | | | | | | | | | | | | Other |
| LMWH / heparin appropriateness | Appropriate:  Indicated, not C/I, Rx correct  Not indicated, no Rx  C/I, not prescribed | | | | | | | | | Under-prophylaxis: Indicated, not prescribed  Over-prophylaxis: Not indicated, prescribed  Risk of bleeding: Prescribed but C/I  Wrong dose for weight  Wrong dose for renal function | | | | | | | | | | | | |
| Mechanical compression appropriateness | Appropriately:  Indicated, in place  Not indicated, not in place  C/I, not in place | | | | | | | | | Inappropriately:  Under-prophylaxis: Indicated, not in place  Over-prophylaxis: Not indicated, in place  Inappropriate: C/I but in place  Wrong size | | | | | | | | | | | | |
| Risk assessment form filled | | | No form | | Yes –completed | | | | | | | | No – available but not completed | | | | | | | | | |
| Evidence of risk assessment | | Yes – form completed | | | | | | | Yes – other evidence | | | | | | | No | | | Not assessed | | | |
| Comments |  | | | | | | | | | | | | | | | | | | | | | |

Note: Shaded sections are required fields for data entry to Excel spreadsheet