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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 FrequencyNo 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