

Thrombosis Risk Assessment for Surgical & Medical Patients

Affix Patient Stamp Here

Administer within 24 hours of admission

Patient's Name _____ Age _____ Sex _____

Diagnosis _____ Admission: Elective

Type of surgery planned _____ Emergency

Step 1: RISK FACTORS ASSOCIATED WITH CLINICAL SETTING:

Choose no more than one of the below listed disease states or associated hospital service to determine the baseline risk factor score.

Score 1 factor	Score 2 factors	Score 3 factors	Score 5 factors
<input type="checkbox"/> Minor surgery	<input type="checkbox"/> Major surgery (>45 min.) <input type="checkbox"/> Laparoscopic surgery (>45 min.) <input type="checkbox"/> Patients confined to bed >72 hrs. <input type="checkbox"/> Immobilizing plaster cast <input type="checkbox"/> Central venous access	<input type="checkbox"/> Major surgery with - Myocardial infarction or - Congestive heart failure or - Severe sepsis/infection <input type="checkbox"/> Medical patient with additional risk factors	<input type="checkbox"/> Elective major lower extremity arthroplasty <input type="checkbox"/> Hip, pelvis, or leg fracture <input type="checkbox"/> Stroke <input type="checkbox"/> Multiple trauma <input type="checkbox"/> Acute spinal cord injury (paralysis)

BASELINE RISK FACTOR SCORE (If Score = 5, go to Step 4) →

Step 2: RISK FACTORS ASSOCIATED WITH PATIENT:

CLINICAL (1 factor unless noted)	HYPERCOAGULABLE STATES (THROMBOPHILIA)	
<input type="checkbox"/> Age 41 to 60 years <input type="checkbox"/> Age over 60 years (2 factors) <input type="checkbox"/> History of DVT/PE (3 factors) <input type="checkbox"/> History of prior major surgery <input type="checkbox"/> Pregnancy, or postpartum (<1 month) <input type="checkbox"/> Malignancy (2 factors) <input type="checkbox"/> Varicose veins <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Obesity (>20% of ideal body weight) <input type="checkbox"/> Oral contraceptives or hormone replacement therapy	INHERITED (score 3 factors for each) <input type="checkbox"/> Factor V Leiden/ Activated protein C resistance <input type="checkbox"/> Antithrombin III deficiency <input type="checkbox"/> Protein C or S deficiency <input type="checkbox"/> Dysfibrinogenemia <input type="checkbox"/> Prothrombin 20210A <input type="checkbox"/> Homocysteinemia	ACQUIRED (score 3 factors for each) <input type="checkbox"/> Lupus anticoagulant <input type="checkbox"/> Antiphospholipid antibodies <input type="checkbox"/> Myeloproliferative disorders <input type="checkbox"/> Disorders of plasminogen & plasmin activation <input type="checkbox"/> Heparin-induced thrombocytopenia <input type="checkbox"/> Hyperviscosity syndrome <input type="checkbox"/> Homocysteinemia

TOTAL ADDITIONAL RISK FACTOR SCORE →

Step 3: TOTAL RISK FACTOR SCORE (BASELINE + ADDITIONAL) →

Step 4: RECOMMENDED PROPHYLACTIC REGIMENS FOR EACH RISK GROUP:

Low Risk (1 factor)	Moderate Risk (2 factors)	High Risk (3 – 4 factors)	Highest Risk (5 or more factors)
No Specific Measures Early Ambulation	IPC or LDUH (q12h) or LMWH or GCS	GCS* and IPC or LDUH (q8h) or LMWH	GCS* and IPC [†] + (LDUH or LMWH) or ADH or LMWH Oral Anticoagulants

* Combining GCS with other prophylactic methods (LDUH, LMWH or IPC) may give better protection than any modality alone.

† Data demonstrates benefit of Plantar Pneumatic Compression in total joint arthroplasty. Plantar Pneumatic Compression can also be used when IPC is not feasible, including leg trauma.

Step 5: Please Check The Modality(s) Chosen From The List Below, and Sign/Date.

Contraindication to anticoagulants? Yes No If yes, explain: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Graduated compression stockings (GCS) | <input type="checkbox"/> Low molecular weight heparin (LMWH) (Regimen: _____) | <input type="checkbox"/> Oral Anticoagulant (Regimen: _____) |
| <input type="checkbox"/> Intermittent pneumatic compression (IPC) | <input type="checkbox"/> Low dose unfractionated heparin (LDUH) (Regimen: _____) | <input type="checkbox"/> Other (_____) |
| <input type="checkbox"/> Plantar Pneumatic Compression | | <input type="checkbox"/> No Prophylaxis |
| <input type="checkbox"/> Adjusted dose Heparin (ADH) | | |

Examining Physician's Signature: _____ Date: _____