THINK **VENOUS THROMBOEMBOLISM** RISK ASSESSMENT FOR **ALL IMMOBILISED LOWER LIMB INJURIES***

***Upper limb injuries DO NOT require prophylaxis**

NHS Lothian

ASSESSMENT 1: EMERGENCY DEPARTMENT OR MINOR INJURY UNIT ☐

ASSESSMENT 2: OUTPATIENT CLINIC ☐

Attach Patient Label Here

IS THE PATIENT AT RISK?

Preventative treatment **must** be offered

- ☐ Personal history of DVT/PE (blood clots)
- ☐ 1st degree relative <50 years old with history of DVT/PE (blood clots)
- ☐ Achilles tendon rupture
- ☐ Active malignancy (cancer)
- ☐ Immobility due to medical comorbidity (e.g. congestive cardiac failure)
- ☐ Known thrombophilia
- ☐ Active inflammatory bowel disease
- ☐ Oral oestrogen containing medication (e.g. HRT, combined oral contraceptive pill)
- ☐ Pregnancy (discuss with Obstetrics registrar)
- ☐ Airline travel (>4 hours) anticipated

Absolute contraindications for preventative treatment

- ☐ Haemophilia or other bleeding disorder (consider discussing with Haematology registrar)
- ☐ Thrombocytopenia (low platelet level <50)
- ☐ Recent cerebral haemorrhage (<6 months)
- ☐ Active peptic ulcer (stomach)
- ☐ Recent upper gastrointestinal bleed (<6 months)
- ☐ Patients already on anticoagulation (**not** including antiplatelets e.g. Aspirin, Clopidogrel, Dipyridamole, Ticagrelor)

☐ No Risk Factors

No treatment*

*continuous assessment at each visit required

☐ ≥ 1 Risk Factors

Treatment Required

Enoxaparin s/c (weight dependent) *

- ☐ Prescribed initial 10 day supply **
- ☐ Patient info leaflet provided
- ☐ U+Es checked (age >60 years, known renal impairment or nephrotoxic medications)

The weight-based dosing schedule for enoxaparin is detailed in the updated Lothian Antithrombotic guideline. The relevant table for dosing based on creatine clearance is on the following page.

****Review in fracture clinic within 10 days. Treat until mobile.***

☐ ≥ 1 Contraindications

No chemical prophylaxis possible

I have read and understood the above information. After discussing the risks and benefits with my treating clinician I have decided to accept / decline* preventative treatment (if high risk).

If this risk assessment has identified NO RISK FACTORS please tick here ☐

Patient Name _____ Signature _____ Date _____

Clinician Name _____ Signature _____ Date _____

ENOXAPARIN DOSING TABLE FOR THROMBOPROPHYLAXIS TABLE 4 LOTHIAN THROMBOSIS/ANTICOAGULATION POLICY

Weight (kg)	Dosage in CrCl ≥30ml/min	Dosage in CrCl 15-29 ml/min	Dosage in CrCl <15 ml/min (including intermittent HD and CVVHD)
<50kg	20mg ONCE daily	20mg ONCE daily	20mg ONCE daily
50-100kg	40mg ONCE daily	20mg ONCE daily	20mg ONCE daily
101-150kg	40mg TWICE daily	40mg ONCE daily	40mg ONCE daily
>150kg	60mg TWICE daily*	40mg TWICE daily*	40mg ONCE daily*

The full guideline is on the intranet at Haematology > Thrombosis / Anticoagulation Policies http://intranet.lothian.scot.nhs.uk/Directory/Haematology/Thrombosis/NEW%20Antithrombotic%20Guide/SECTION%202-%20Thromboprophylaxis-LMWH.pdf

For patients with impaired renal function calculate the creatine clearance (CrCl) using https://www.mdcalc.com/calc/43/creatinine-clearance-cockcroft-gault-equation. Remember to adjust the units of measurement and, where possible include the patient's height as well as their weight to calculate the CrCl for an "ideal weight patient" which provides a more accurate estimation of renal function. MD Calc will generate a CrCl value if no height is entered, which can still be used if measuring the height is impractical due to immobility.

Enoxaparin (Inhixa) is the choice of LMWH in NHS Lothian. Patients should be weighed (kg) and the weight should be documented on Trak under "Observations and measurements".

Enoxaparin is administered as a subcutaneous (s/c) injection and comes in a 20mg, 40mg, 60mg, 80mg, 100mg, 120mg, and 150mg pre-filled syringe (PFS). The above table provides recommended doses of enoxaparin for thromboprophylaxis including dose adjustments for extremes of body weight and renal impairment.

Each patient should be considered on an individual basis for bleeding and VTE risk and discussed as necessary. Due to limited clinical evidence for prophylactic LWMH in extremes of body weight and renal impairment, all doses recommended are 'off-label'.

Monitoring of LMW Heparin assay is recommended (*) only for patients with a body weight >150kg, see section in Section 2 of the antithrombotic guide for LMW Heparin level monitoring.