

# Lower limb cast/brace - VTE Risk Score

All patients immobilised in a lower limb cast or splint

Venous thromboembolism (VTE also known as blood clots) can be a complication of having a leg in a cast or splint. This self assessment is designed to work out whether or not you are at particularly high risk of VTE.

Please tick every box relevant to yourself (the patient). If you are unsure about any of the questions, please ask a member of staff.

## Patient details

Risk	score
<input type="checkbox"/> Age 60 years or above	2
<input type="checkbox"/> Very overweight	2
<input type="checkbox"/> You smoke cigarettes/cigars	1
If you know your weight enter it here	<input style="width: 50px; height: 20px;" type="text"/>
If you know your height enter it here	<input style="width: 50px; height: 20px;" type="text"/>

## Current medication - are you taking:

Risk	score
<input type="checkbox"/> Oestrogen-containing contraceptive pill	2
<input type="checkbox"/> Hormone replacement therapy	2
<input type="checkbox"/> Tamoxifen or Erythropoietin / Darbepoetin	2
<input type="checkbox"/> Thalidomide / Lenalidomide	2

## Family history

Risk	score
<input type="checkbox"/> Someone in your close family has had a blood clot (DVT or PE)	2

## Medical history

Risk	score
<input type="checkbox"/> Thrombophilia	3
<input type="checkbox"/> Sore varicose veins	3
<input type="checkbox"/> Heart disease	1
<input type="checkbox"/> Lung disease	1
<input type="checkbox"/> Inflammatory disease (bowel or joints)	1
<input type="checkbox"/> Undergoing treatment for cancer	3
<input type="checkbox"/> Previous history of leg vein clots (DVT) or lung clot (PE)	3
<input type="checkbox"/> Pregnant or within 3 months of childbirth (staff to discuss with O&G)	3

## Injury specific risk

Risk	score
<input type="checkbox"/> Ruptured achilles tendon	3
<input type="checkbox"/> Non-weight bearing or touch-weight bearing advised	2
<input type="checkbox"/> Surgery > 60 mins for this injury	2

total score \_\_\_\_\_

Questions about bleeding. Please answer yes [Y], no [N] or don't know [DK]	
Have you got a bleeding disorder?	
Have you ever had a major haemorrhage (very bad bleed)?	
Have you had a bad reaction to blood thinning medicine in the past?	
Have you got bad kidney disease or uncontrolled high blood pressure?	

Once completed, please give this form to a member of staff.

Score	Recommendation
0 - 2	Advise patient to keep active and drink plenty of water every day. Give the patient the information booklet to read.
3 or more	As above, doctor to decide if patient needs dalteparin (Fragmin) 5,000 units once a day (as an injection) until the cast/brace is removed.

Diagnosis: \_\_\_\_\_

Surgery: yes  no

Stick patient label here

## Clinical decision

Date: \_\_\_\_\_

- No prophylaxis required.
- Thrombotic risk outweighs bleeding risk  
Prescribe LMWH until cast/brace is removed.
- Information sheet has been given to patient.

Sign: \_\_\_\_\_ print name \_\_\_\_\_