

## Spinal Injury Unit Risk Assessment Tool for VTE

Table 1

### VTE Risk Factors

- Active cancer or cancer treatment
- Age over 60 years
- Dehydration
- Known thrombophilias
- Obesity (BMI > 30 kg/m<sup>2</sup>)
- One or more significant medical comorbidities (for example: heart disease, metabolic, endocrine or respiratory pathologies; acute infection diseases; inflammatory conditions)
- Personal history or first degree relative with a history of VTE
- Use of hormone replacement therapy
- Use of oestrogen-containing contraceptive therapy
- Varicose veins with phlebitis
- Pregnancy or <6 weeks post partum
- Critical care admission
- surgical procedure with a total anaesthetic & surgical time > 90 mins, or 60 mins if the surgery involves the pelvis or lower limb
- Acute surgical admission with inflammatory or intraabdominal condition
- Patient in lower limb cast

This is a partial list of common risk factors. Clinicians are advised to consider other risk factors or conditions that may predispose to VTE.

Table 2

### Bleeding risks/exclusion criteria

- Active bleeding
- Acquired bleeding disorders (such as acute liver failure)
- Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR >2)
- Acute stroke
- Thrombocytopenia (platelets <75x10<sup>9</sup>/l)
- Uncontrolled systolic hypertension (230/120mmHg or higher)
- Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease.
- Lumbar puncture/epidural/spinal anaesthesia within the next 12 hours
- Lumbar puncture/epidural/spinal anaesthesia within the previous 6 hours
- Spinal surgery or eye surgery

This is a list of possible exclusion criteria. Accordingly, clinicians are advised to consider other risk factors or conditions that in the individual patient, may be a relative or absolute contraindication for pharmacological prophylaxis.

### \*Bariatric patients If BMI > 40KG/M2

50-99kg	5000 units once daily
100-150kg	5000 units twice daily
>150kg	7500 units twice daily

