**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.

|  |  |  |
| --- | --- | --- |
| **Medical history** | | |
| Risk |  | score |
|  | Thrombophilia | 3 |
|  | Varicose veins with phlebitis | 3 |
|  | Heart disease | 1 |
|  | Lung disease | 1 |
|  | Inflammatory disease (bowel or  joints) | 1 |
|  | Undergoing treatment for cancer | 3 |
|  | Previous history of leg vein clots  (deep vein thrombosis) | 3 |
|  | Previous history of lung clots  (pulmonary embolus) | 3 |
|  | Pregnant or within 6 weeks of childbirth | 2 |

|  |  |  |
| --- | --- | --- |
| **Patient details** | | |
| Risk |  | score |
|  | Age 60 years or above | 2 |
|  | Very overweight.  i.e women with a waist measurement of more than  88cm (35in) and men with a  waist measurement of more than  102cm (40in) | 2 |
| **Current medication - are you taking:** | | |
| Risk |  | score |
|  | Oestrogen-containing contraceptive pill | 2 |
|  | Hormone replacement therapy | 2 |
|  | Tamoxifen or Erythropoietin / Darbepoetin | 2 |
|  | Thalidomide / Lenalidomide | 2 |
| **Family history** | | |
| Risk |  | score |
|  | A family history of leg vein clots (deep vein thrombosis) or lung clots (pulmonary embolus) in close family (brother, sister, father, mother) | 2 |

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

|  |  |  |
| --- | --- | --- |
| **Injury specific risk** | | |
| Risk |  | score |
|  | surgical repair of ruptured achilles tendon | 3 |
| total score | | |

|  |  |
| --- | --- |
| 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/splint is removed. Rivaroxaban 10mg OD can be used off-label as an alternative if needle phobic. |

Stick patient label here

**Clinical decision** Date:\_\_\_\_\_\_\_\_\_\_\_

□ No prophylaxis required

□ Prescribe LMWH / Rivaroxaban

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