**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

 Sore varicose veins 3

 Heart disease 1

 Lung disease 1

 Inflammatory disease (bowel or joints) 1

 Undergoing treatment for cancer 3

 Previous history of leg vein clots DVT) 3

 Or lung clot (PE)

 Pregnant or within 3 months of childbirth 3

 (Staff to discuss with O&G)

**Patient details**

Risk Score

 Age 60 years or above 2

 Very overweight 2

 You smoke cigarettes/cigars 1

If you know your weight enter in here

If you know your height enter it here

**Current medication – are you taking:**

Risk Score

 Oestrogen-containing contraceptive 2

 pill

 Hormone replacement therapy 2

 Tamoxifen or Erythropoietin/ 2

 Darbepoetin

 Thalidomide / Lenalidomide 2

**Family history**

Risk Score

 Someone in your close family has 2

 had a blood clot (DVT or PE)

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|  |  | **Injury specific risk**Risk ScoreRuptured Achilles tendon 3 Non-weight bearing or touch-weight 2 bearing advised* Surgery for this injury 2 Total score \_\_\_\_\_\_\_
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| **Questions about bleeding: Please answer yes [Y], no [N] or don’t know [DK]**

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| --- | --- |
| 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 medication in the past? |  |
| Have you got bad kidney disease or uncontrolled high blood pressure? |  |

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

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| --- | --- |
| 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. |

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

 No prophylaxis required

 Thrombotic risk outweighs bleeding risk .

Prescribe LMWH / Rivaroxaban until cast/brace is removed

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stick patient label here

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