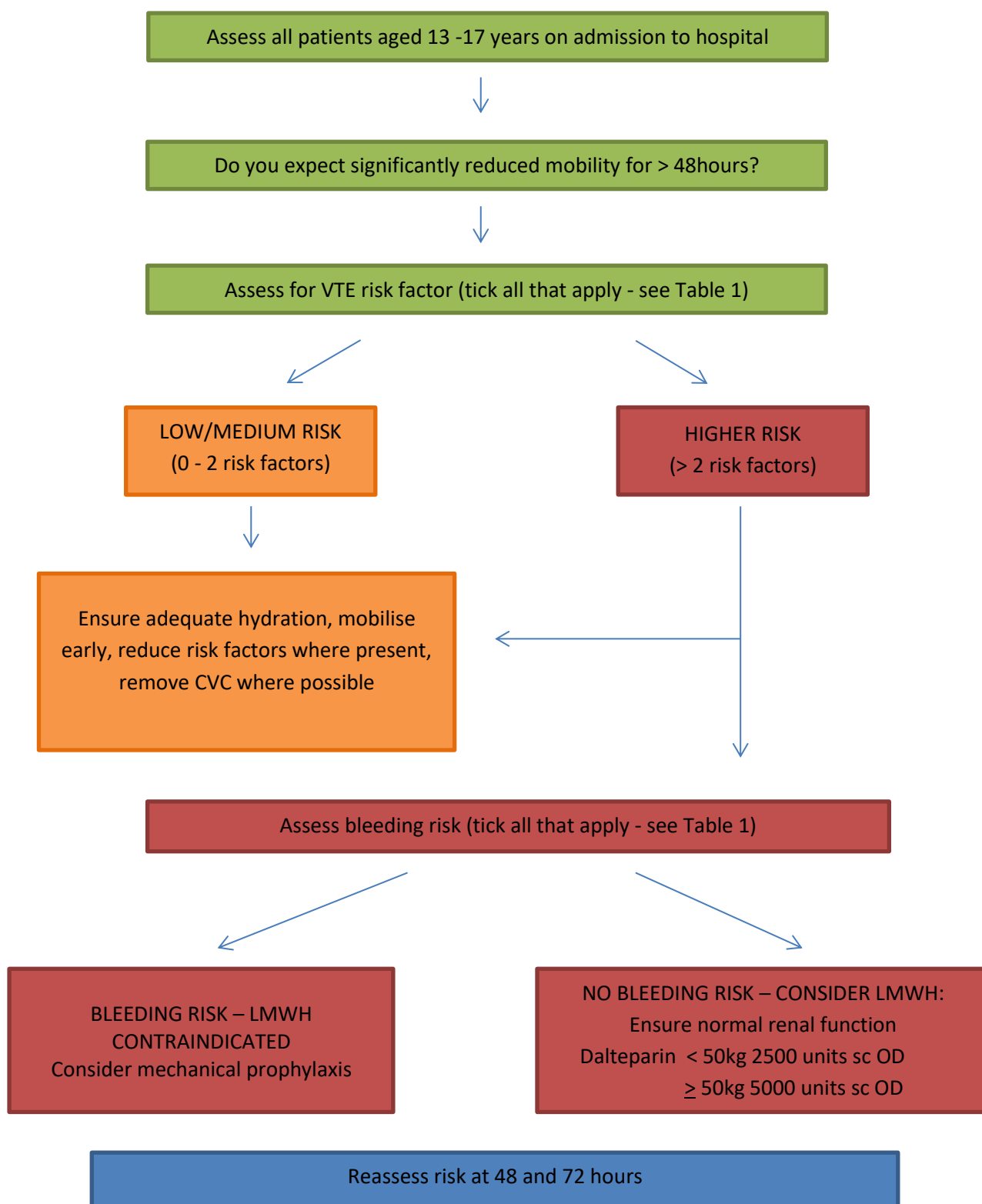


Risk Assessment for Venous Thromboembolism (VTE) for patients aged 13 -17 years



Adapted for local use from, 'The Prevention of Peri-operative Venous Thromboembolism in Paediatric Patients', Association of Paediatric Anaesthetists of Great Britain (2017) available at www.apagbi.org.uk

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE) FOR ADOLESCENTS AGE 13YEARS+

Date of admission	PLEASE AFFIX PATIENT LABEL HERE
Risk assessed by	
Designation	
Signature	
Date	

Review the patient related factors shown on the assessment sheet for thrombosis risk, ticking each and any box that applies. Clinicians may consider further risks apply in addition to those listed.

Bleeding risk

Patient related	Tick	Admission Related	Tick
Acquired bleeding disorders (such as acute liver failure)		Neurosurgery, spinal surgery or eye surgery	
Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease)		Lumbar puncture/epidural/spinal anaesthesia expected within the next 12 hours	
Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR >2)		Lumbar puncture/epidural/spinal anaesthesia within the previous 4 hours	
Thrombocytopenia		Active bleeding	
Uncontrolled systolic hypertension (>230/120 mmHg)			

Thrombosis Risk

Patient related	Tick	Admission Related	Tick
Central venous Catheter		Significantly reduced mobility for 3 days or more	
Active cancer or cancer treatment		Severe Trauma with ISS score >9	
Dehydration		Spinal cord injury with paralysis	
Known thrombophilias		Total anaesthetic + surgical time > 90 minutes	
Obesity (BMI > 30kg/m ²)		Acute severe sepsis	
One or more significant medical comorbidities (e.g. congenital or low output heart disease, sickle cell disease, metabolic or inflammatory conditions)		Surgery involving pelvis or lower limb with a total anaesthetic + surgical time > 60 minutes	
Personal history of VTE first-degree relative with a history of VTE age <40 years		Critical care admission intubated and ventilated	
Use of oestrogen-containing contraceptive therapy		Severe burns	
Pregnancy or <6 weeks post partum (see NICE guidance for specific risk factors)			

If an increased risk of bleeding is documented on the risk assessment – thromboprophylaxis with LMWH is relatively contraindicated

Prescribe the appropriate intervention if required and complete all the prescription chart documentation)

Outcome (tick any that apply)

No Thromboprophylaxis	
Mechanical Thromboprophylaxis	
LMWH	

Completed by:
Date: