



Houma Outpatient Surgery Center, AAAHC ACCREDITED

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Houma Outpatient Surgery.com

VTE Assessment

<p>Each Risk Factor Represents 1 Point</p> <p><input type="checkbox"/> Age 41-60 years <input type="checkbox"/> Acute myocardial infarction <input type="checkbox"/> Swollen legs (current) <input type="checkbox"/> Varicose veins <input type="checkbox"/> Overweight/Obese (BMI >25) <input type="checkbox"/> History of Inflammatory Bowel Disease (Crohn's/UC) <input type="checkbox"/> Surgery <45 minutes <input type="checkbox"/> Surgery (<1 month) <input type="checkbox"/> Sepsis (<1 month) <input type="checkbox"/> COPD <input type="checkbox"/> Congestive heart failure (<1 month) <input type="checkbox"/> Medical patient currently at bed rest <input type="checkbox"/> Serious Lung disease including pneumonia (<1 month) <input type="checkbox"/> Other risk factors _____</p> <p style="text-align: center;">Women Only</p> <p><input type="checkbox"/> Contraceptives or hormone replacement therapy <input type="checkbox"/> Pregnancy or postpartum (<1 month) <input type="checkbox"/> History of unexplained stillborn infant, recurrent spontaneous abortion (> 3), premature birth with toxemia or growth-restricted infant</p> <p style="text-align: right;">Subtotal: _____</p>	<p>Each Risk Factor Represents 2 Points</p> <p><input type="checkbox"/> Age 61-74 years <input type="checkbox"/> Central venous access <input type="checkbox"/> Arthroscopic surgery <input type="checkbox"/> Surgery (>45 minutes) <input type="checkbox"/> Malignancy (present or previous) <input type="checkbox"/> Patient confined to bed (>72 hours) <input type="checkbox"/> Immobilizing plaster cast (<1 month)</p> <p style="text-align: right;">Subtotal: _____</p> <hr/> <p>Each Risk Factor Represents 3 Points</p> <p><input type="checkbox"/> Age >74 <input type="checkbox"/> Family History of thrombosis* <input type="checkbox"/> History of DVT/PE <input type="checkbox"/> Positive Prothrombin 20210A <input type="checkbox"/> Positive Factor V Leiden <input type="checkbox"/> Positive Lupus anticoagulant <input type="checkbox"/> Elevated serum homocysteine <input type="checkbox"/> Heparin-induced thrombocytopenia (HIT) (Do not use heparin or any low molecular weight heparin) <input type="checkbox"/> Elevated anticardiolipin antibodies <input type="checkbox"/> Other congenital or acquired thrombophilia If yes: Type _____ * most frequently missed risk factor</p> <p style="text-align: right;">Subtotal: _____</p>
<p>Each Factor Represents 5 Points</p> <p><input type="checkbox"/> Stroke (<1 month) <input type="checkbox"/> Multiple trauma (<1 month) <input type="checkbox"/> Elective major lower extremity arthroplasty <input type="checkbox"/> Hip, pelvis or leg fracture (<1 month) <input type="checkbox"/> Acute spinal cord injury (paralysis) (<1 month)</p> <p style="text-align: right;">Subtotal: _____</p>	<p style="text-align: center;">Total Risk Factor Score: _____</p>

<p>Contraindications</p> <p><input type="checkbox"/> Active Bleeding <input type="checkbox"/> Abnormal Clotting <input type="checkbox"/> Known Coagulopathy <input type="checkbox"/> Hypersensitivity to LMWH <input type="checkbox"/> Uncontrolled HTN <input type="checkbox"/> Other: _____</p> <p>_____</p>	Total Points	Risk Levels	Select Appropriate Prophylaxis <i>(All Patients will be instructed on early ambulation and SCDs will be used for ALL General Anesthesia Cases)</i>
	0-2	Low	<input type="checkbox"/> TED Hose
	3-5	Moderate	<input type="checkbox"/> Send patient home with SCD for _____ days
	>5	High	<input type="checkbox"/> Enoxaparin/Lovenox: <input type="checkbox"/> 40mg SQ <input type="checkbox"/> 30mg SQ Give 1 st dose in <input type="checkbox"/> Admit <input type="checkbox"/> Recovery
For the following patients, Lovenox should be considered			- Patients whose BMI is over 30 and surgery time > 3 hours - Patients undergoing multiple procedures INCLUDING Abdominoplasty - Patients with surgery time>5 hours

I have reviewed the above risk factors and have ordered the appropriate prophylaxis

Physician Signature: _____

Date: _____