### Risk Factor(s)
(check all that apply)

- Minor surgery planned
- Age over 35 years old
- Prior major surgery < 1 month
- Pregnancy or < 1 month postpartum
- Varicose veins (current)
- Inflammatory bowel disease (history / current)
- Overweight (obesity BMI > 30 kg/m²)
- Oral contraceptives or hormone replacement therapy (history)
- Preeclampsia (history / current)
- Smoking (history / current)
- Postpartum hemorrhage (current)
- Unexplained stillbirth (history)

### Step 1: Admission/Transfer of Care
Assess Patient for VTE Risk and Document

#### 1 point
- Major surgery (> 45 min.)
- Laparoscopic surgery (> 45 min.)
- Patient confined to bed > 72 hrs.
- Currently on bedrest / restricted mobility in the antepartum / postpartum period
- Immobilizing plaster cast (current)
- Central venous catheter (current)
- Cesarean-section delivery (current)
- Diabetes (including pre-gestational diabetes) (history / current)
- Malignancy and/or chemotherapy (history / current)
- Parity > 5
- Assisted reproduction (current)

#### 2 points
- Patient admitted for chronic major illness:
  - Myocardial infarction
  - Congestive heart failure
  - Kidney disease
  - Chronic hypertension
  - Severe sepsis/infection (current)
  - VTE (DVT or PE) (history)
  - Factor V Leiden/activated protein C resistance (history / current)
  - Antithrombin III deficiency (history / current)
  - Protein C or S deficiency (history / current)
  - Prothrombin 20210A (history / current)
  - Homocysteinemia (history / current)
  - Other congenital or acquired thrombophilia (history / current)
  - Blood transfusion (history / current)

#### 3 points
- In last month, patient has had:
  - Major surgery
  - Elective major lower extremity arthroplasty
  - Hip, pelvis or leg fracture
  - Stroke
  - Multiple trauma
  - Acute spinal cord injury (paralysis)
  - Personal or family history of blood clots or clotting disorders

#### 5 points

### Risk Factor Assessment (RFA) =

These recommended steps maximize VTE prevention, promote patient safety and health outcomes. There may be other indications for VTE prophylaxis that are not listed.
### Recommended Prophylaxis Regimen

**Antepartum**

**LOW**
- Pharmacological prophylaxis not recommended unless indicated:
  - ordered:
    - Prophylactic low-molecular weight heparin
    - if LMWH unavailable: unfractinated heparin 5000 IU BID
  - not ordered

**MEDIUM**
- Pharmacological prophylaxis not recommended unless indicated:
  - ordered:
    - low-molecular weight heparin
    - if LMWH unavailable: unfractinated heparin 5000 IU BID
  - not ordered

**HIGH**
- Pharmacological prophylaxis:
  - Ordered if VTE unprovoked and/or thrombophilia and/or hormonally provoked:
    - Prophylactic low-molecular wt. heparin
    - if LMWH unavailable: unfractinated heparin BID

**HIGHEST**
- Pharmacological prophylaxis:
  - Ordered if LMWH unavailable:
    - unfractionated heparin BID

**Mechanical prophylaxis initiated:**
- evaluated patient for home use of:
  - intermittent pneumatic compression (IPC)
  - venous foot pump

**Low Risk Prophylaxis:**
- ordered if multiple antepartum VTE Risk Factors

**Mechanical prophylaxis ongoing:**
- on patient

**Postpartum**

**LOW**
- Early ambulation as prescribed by health provider
- Pharmacological prophylaxis not recommended unless indicated:
  - ordered:
    - Prophylactic low-molecular weight heparin
    - if LMWH unavailable: unfractinated heparin 5000 IU BID
  - not ordered

**MEDIUM**
- Early ambulation as prescribed by health provider
- Pharmacological prophylaxis considered (not administered until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery):
  - ordered if multiple postpartum VTE Risk Factors

**HIGH**
- Early ambulation as prescribed by health provider
- Pharmacological prophylaxis (not administered until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery):
  - ordered:
    - Prophylactic low-molecular wt. heparin
    - if LMWH unavailable, unfractinated heparin (UHF) 5000 IU BID
  - not ordered

**HIGHEST**
- Early ambulation as prescribed by health provider
- Pharmacological prophylaxis (not administered until 12 hours after vaginal delivery/epidural removal or 24 hours after cesarean delivery):
  - ordered:
    - Prophylactic low-molecular wt. heparin
    - if LMWH unavailable, unfractinated heparin 5000 IU TID
  - not ordered

**Mechanical prophylaxis initiated:**
- evaluated patient for home use of:
  - intermittent pneumatic compression
  - venous foot pump

**Mechanical prophylaxis ongoing:**
- on patient

**Initiate discharge planning:**
- discussed with patient/family
- anticipated discharge date determined
- evaluate patient for home care:
  - intermittent pneumatic compression (IPC)
  - venous foot pump (VFP)
  - if evaluated for IPC/VFP, initiate availability on discharge

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These recommended steps maximize VTE prevention, promote patient safety and health outcomes. There may be other indications for VTE prophylaxis that are not listed.

November 2013
STEP 3  Patient Reassessment

Repeat assessment if Patient hospitalized longer than 24 hrs., before surgery or with any significant change in patient condition.

- Assess Patient for VTE Risk and Document (see step 1)
- Pharmacological prophylaxis:
  - continued as prescribed
  - not ordered
  (why? ________________________ )
- Mechanical prophylaxis:
  - not prescribed
  - graduated compression stockings
  or  intermittent pneumatic compression
  or  venous foot pump
- Mechanical prophylaxis, if prescribed:
  - on patient
  - properly worn
  - patient provided with information on proper use and wearing
- Initiate discharge planning:
  - discussed with patient/family
  - anticipated discharge date determined
  - evaluate patient for home use of:
    - intermittent pneumatic compression (IPC)
    or  venous foot pump (VFP)
    or  no IPC/VFP
  - if evaluated for IPC/VFP, initiate availability on discharge

STEP 4  Patient Discharge

- Discharge instructions include:
  - healthcare provider contact information
  - signs and symptoms of DVT and PE
  - evaluate patient for home use of:
    - intermittent pneumatic compression (IPC)
    or  venous foot pump (VFP)
    or  no IPC/VFP
- Discharge instructions:
  - reviewed with patient and read back
  - received by patient
- Patient understands DVT/PE risk factors and how to prevent in postpartum period
- Follow up appointment made
- If immobility or bedrest required in antepartum period or extending 6 weeks postpartum:
  - healthcare provider orders completed, including:
    - evaluated patient for home use of:
      - intermittent pneumatic compression (IPC)
      or  venous foot pump (VFP)
    - length of IPC/VFP treatment
  - durable medical equipment unit notified of start date of IPC/VFP treatment
  - patient provided with information on:
    - purpose of IPC/VFP
    - proper use and wearing
    - importance on maintaining use at home until MD discontinues
    - removed for ambulation and skin inspections (every 8 hrs)
    - worn minimally 18- 20 hours per day

THESE RECOMMENDED STEPS MAXIMIZE VTE PREVENTION, PROMOTE PATIENT SAFETY AND HEALTH OUTCOMES. THERE MAY BE OTHER INDICATIONS FOR VTE PROPHYLAXIS THAT ARE NOT LISTED.

November 2013