

Thrombosis Risk Factor Assessment¹⁻⁷

Patient's Name: _____ Age: ____ Sex: ____ Wgt: ____ lbs

Choose All That Apply

Each Risk Factor Represents 1 Point

- Age 41-60 years
- Minor surgery planned
- History of prior major surgery (<1 month)
- Varicose veins
- History of inflammatory bowel disease
- Swollen legs (current)
- Obesity (BMI >25 kg/m²)
- Acute myocardial infarction
- Congestive heart failure (CHF)
- Sepsis
- Serious lung disease including pneumonia
- Abnormal pulmonary function (COPD)
- Medical patient currently at bed rest
- Other risk factors _____

Each Risk Factor Represents 2 Points

- Age 60-74 years
- Arthroscopic surgery
- Malignancy (present or previous)
- Major surgery (>45 minutes)
- Laparoscopic surgery (>45 minutes)
- Patient confined to bed (>72 hours)
- Immobilizing plaster cast (<1 month)
- Central venous access

Each Risk Factor Represents 5 Points

- Elective major lower extremity arthroplasty
- Hip, pelvis, or leg fracture (<1 month)
- Stroke (<1 month)
- Multiple trauma (<1 month)
- Acute spinal cord injury (paralysis) (<1 month)

Each Risk Factor Represents 3 Points

- Age ≥75 years
 - History of DVT/PE
 - Family history of thrombosis***
 - Positive factor V Leiden
 - Positive prothrombin 20210A
 - Elevated serum homocysteine
 - Positive lupus anticoagulant
 - Elevated anticardiolipin antibodies
 - Heparin-induced thrombocytopenia (HIT)
 - Other congenital or acquired thrombophilia
- If yes:
Type _____

*Most frequently missed risk factor.

For Women Only (Each Represents 1 Point)

- Oral contraceptives or hormone replacement therapy
- Pregnancy or postpartum (<1 month)
- History of unexplained stillborn infant, recurrent spontaneous abortion (≥3), premature birth with toxemia, or growth-restricted infant

Total Risk Factor Score

DVT Incidence by Risk Level

Total Risk	Incidence of DVT*	Risk Level
0-1	<10%	Low Risk
2	10–20%	Moderate Risk
3-4	20-40%	High Risk
5 or more	40-80%	Highest Risk

Prophylaxis Safety Considerations: Check box if answer is “YES”

Anticoagulants: Factors Associated With Increased Bleeding

- Is patient experiencing any active bleeding?
- Does patient have (or had a history of) HIT?
- Is patient's platelet count <100,000/mm³?
- Is patient taking oral anticoagulants, platelet inhibitors?
- Is patient's creatinine clearance abnormal? Please indicate value: _____

If any of the above boxes are checked, the patient may not be a candidate for anticoagulant therapy and should be considered for alternative prophylactic measures.

Intermittent Pneumatic Compression (IPC)

- Does patient have severe peripheral arterial disease?
- Does patient have CHF?
- Does patient have an acute/superficial DVT?

If any of the above boxes are checked, the patient may not be a candidate for IPC therapy and should be considered for alternative prophylactic measures.

Adapted with permission from Caprini JA, Arcelus JI, et al. State-of-the-art venous thromboembolism prophylaxis. *Scope*. 2001;8:228-240.

*Based on the surgical incidence of DVT reported by The Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy and the incidence of DVT reported in multiple individual clinical trials in medical patients.

References: 1. **Geerts WH**, Pineo GF, Heit JA, et al. Prevention of venous thromboembolism: the Seventh ACCP Conference on Antithrombotic and Thrombolytic Therapy. *Chest*. 2004;126(suppl):338S-400S. 2. **Nicolaidis AN**. Prevention of venous thromboembolism. International Consensus Statement Guidelines compiled in accordance with the scientific evidence. *J Vasc Br*. 2002;1:133-170. 3. **Caprini JA**, Arcelus JI, et al. State-of-the-art venous thromboembolism prophylaxis. *Scope*. 2001;8:228-240. 4. **Oger E**. Incidence of venous thromboembolism: a community-based study in Western France. EPI-GETBP Study Group. Groupe d'Etude de la Thrombose de Bretagne Occidentale. *Thromb Haemost*. 2000;83:657-660. 5. **Turpie AG**, Bauer KA, Eriksson BI, Lassen MR. Fondaparinux vs enoxaparin for the prevention of venous thromboembolism in major orthopedic surgery: a meta-analysis of 4 randomized double-blind studies. *Arch Intern Med*. 2002;162:1833-1840. 6. **Ringley CD**, Johanning JM, Gruenberg JC, Veverka TJ, Barber KR. Evaluation of pulmonary arterial catheter parameters utilizing intermittent pneumatic compression boots in congestive heart failure. *Am Surg*. 2002;68:286-289. 7. **Morris RJ**, Woodcock JP. Effects of supine intermittent compression on arterial inflow to the lower limb. *Arch Surg*. 2002;137:1269-1273.

Examining Physician's Signature

Date

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