***Addressograph label***

**DVT risk self assessment (Leg Plaster Cast)**

This self assessment is designed to work out whether or not you are at particularly high risk for Deep Vein Thrombosis (DVT / blood clots in the veins of the legs)

Please tick every box relevant to yourself (the patient)

|  |  |  |
| --- | --- | --- |
| **Patient details** |  | **Score** |
| Age 60 years or above |  | **1** |
| Women with waist measurement >35 inches (89cm) |  | **1** |
| Men with waist measurement >40 inches(101cm) |  | **1** |
| Thrombophilia (known increased risk of clotting) |  | **4** |
|  |  |  |
|  |  |  |
| **Current medication** |  |  |
| Oral Contraceptive pill |  | **1** |
| Hormone replacement therapy |  | **1** |
| Receiving chemotherapy/radiotherapy or other current treatment for cancer |  | **4** |
|  |  |  |
| **Medical history** |  |  |
| Previous blood clot in leg |  | **4** |
| Previous blood clot in lungs |  | **4** |
| Family history of blood clots |  | **4** |
| Varicose veins with phlebitis |  | **1** |
| Pregnant or within 6 weeks of childbirth |  | **4** |
|  |  |  |

Please speak to a member of staff if you are unsure about any of the above questions.

Please hand the form back to the nurse or plaster technician who is looking after you.

# FOR OFFICE USE ONLY

**If patient is to be weight-bearing in the cast or splint deduct one from the score**

|  |  |
| --- | --- |
| **Total risk factor score** |  |

|  |  |
| --- | --- |
| **Score** | **Recommendation** |
| **0-2** | Advise to keep active and drink plenty of water every day |
| **3 or more** | Nurses to discuss with the doctor who will decide if patient needs Dalteparin (Fragmin) injections each day until the plaster cast is removed |

**For medical Staff**

If you are considering LMWH injections for this patient please risk assess to see if there are any contra-indications for LMWH (please circle)

|  |  |
| --- | --- |
| Active bleeding | Y N |
| Known bleeding disorder | Y N |
| Concurrent use of anticoagulants known to increase risk of bleeding eg warfarin | Y N |
| Uncontrolled hypertension >230/120 | Y N |
| Known Platelet count <75 (check Medway) | Y N |
| Heparin allergy or previous heparin induced thrombocytopaenia | Y N |
| Acute stroke (<14/7) or previous haemorrhagic stroke | Y N |
| No risk factors | Y N |

Decision (please tick)

|  |  |
| --- | --- |
| No anticoagulation required |  |
| Dalteparin injections |  |
| Dalteparin contraindicated but anticoagulation should be discussed with haematolgist |  |

Signed Date

Print name Bleep