



NABH ACCREDITED



# MGM NEW BOMBAY HOSPITAL, VASHI

Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703. Tel.: (022) 5066 6777



JCI ACCREDITED

DVT

Risk Assessment Form<sup>1</sup>

Department: \_\_\_\_\_



MRS. LALITA RAVINDRA LOKHAND

UHID : MGM16035596 IPD : MGMP240662

Age/Sex : 68 Years / F DOA : 03/10/2024

BED : 806

WARD : SAUN

DR : DEEPMALA RAJMORAN

A

Each Risk Factor Represents 1 Point

- Age 41-60 years
- Minor surgery planned
- History of prior major surgery
- Varicose veins
- History of inflammatory bowel disease
- Swollen legs (current)
- Obesity (BMI > 30)
- Acute myocardial infarction (< 1 month)

- Congestive heart failure (< 1 month)
- Sepsis (< 1 month)
- Serious lung disease incl. pneumonia (< 1 month)
- Abnormal pulmonary function (COPD)
- Medical patient currently at bed rest
- Leg plaster cast or brace
- Other risk factors

Total Tickmarks  X 1Total Score A  0

B

Each Risk Factor Represents 2 Points

- Age 60-74 years
- Major surgery (> 60 minutes)
- Arthroscopic surgery (> 60 minutes)
- Laparoscopic surgery (> 60 minutes)
- Previous malignancy
- Central venous access
- Morbid obesity (BMI > 40)

Total Tickmarks  X 2Total Score B  0

C

Each Risk Factor Represents 3 Points

- Age over 75 years
- Major surgery lasting 2-3 hours
- BMI > 50 (venous stasis syndrome)
- History of SVT, DVT/PE
- Family history of DVT/PE

- Present cancer or chemotherapy
- Positive Factor V Leiden
- Positive Prothrombin 20210A
- Elevated serum homocysteine
- Positive Lupus anticoagulant

- Elevated anticardiolipin antibodies
  - Heparin-Induced thrombocytopenia (HIT)
  - Other thrombophilia
- Type \_\_\_\_\_

Total Tickmarks  X 3Total Score C  0

D

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)
- Major surgery lasting over 3 hours

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 ( $\geq 3$ ), premature birth with toxemia or growth-restricted infant

Total Tickmarks  X 5Total Score D  0Total Score E  0Total Score (A+B+C+D+E)=  RISK ASSESSMENT: Highest  High  Moderate  Low 

## Recommended Prophylactic Regimens for Each Risk Group

Total Score	Incidence of DVT	Risk Category	Recommended Regimen
1	< 10%	Low	No Specific measures <input type="checkbox"/> Early Ambulation <input checked="" type="checkbox"/>
2	10-20%	Moderate	LDUFH (every 12h), LMWH, IPC and GCS <input type="checkbox"/>
3-4	20-40%	High	LDUFH (every 8h), LMWH, and IPC <input type="checkbox"/> GCS (+ LDUFH or LMWH) <input type="checkbox"/>
5 or more	40-80% 1-5% mortality	Highest	LMWH, Oral antiocoagulants, Adjusted dose heparin <input type="checkbox"/> IPC (+ LDUFH or LMWH), GCS (+LDUFH or LMWH) <input type="checkbox"/>

LDUFH-Low Dose Unfractionated Heparin

LMWH-Low Molecular Weight Heparin

GCS-Graduated Compression Stockings

IPC-Intermittent Pneumatic Compression

Reasons for not giving Prophylaxis \_\_\_\_\_

1. Adapted from Caprini JA, De Marco. 2006 Feb-Mar;81(2-3):70-8.  
2. Chest 2001;130:5819-5836.

D/687

Thromboprophylaxis is the Number 1 strategy to improve patient safety<sup>2</sup>

MGMV/F/Clin.Ward.25 Ver.1/09.11.2020