



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: \_\_\_\_\_

Patient's Identification No.: \_\_\_\_\_

Sex: M ☐ F ☐

Height: \_\_\_\_\_

Weight (kg): \_\_\_\_\_



MRS. LALITA RAVINDRA LOKHAND

UHID: MGM16035596 IPD: MGMIP2406662

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

BEIJ: 806

WARD: SAUN

DR: D.P.K. RAJMOHAN

**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 1

Total Score A ☐

**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 2

Total Score B ☐

**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 3

Total Score C ☐

**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 ☐

Total Tickmarks ☐ X 5

Total Score D ☐

**E**

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 Tickmarks ☐ X 1

Total Score E ☐

Total 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 anticoagulants, 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, Die Mon. 2008 Feb-Mar;51(2-3):70-8.  
2. Chest 2008;133:1619-4534.

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

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