## Thrombosis Risk Factor Assessment<sup>1-7</sup>

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Patient's Name:	Age:	Sex:	Wgt: lbs
Choose All That Apply			
Each Risk Factor Represents 1 Point	E	ach Risk Factor R	epresents 2 Points
☐ 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) (<1 month) ☐ Sepsis (<1 month) ☐ Serious lung disease including pneumonia (<1 month) ☐ Abnormal pulmonary function (COPD) ☐ Medical patient currently at bed rest ☐ Other risk factors		Major surgery (>45 r	or previous) minutes) ry (>45 minutes) red (>72 hours) cast (<1 month)
Each Risk Factor Represents 3 Points	E	ach Risk Factor R	epresents 5 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)		Elective major lower Hip, pelvis, or leg fra Stroke (<1 month) Multiple trauma (<1 Acute spinal cord inj (<1 month)	month)
Other congenital or acquired thrombophilia If yes:	For	Women Only (Eac	h Represents 1 Point)
Type*Most frequently missed risk factor.		therapy Pregnancy or postpa History of unexplaine	ed stillborn infant, recurrent on (≥ 3), premature birth
	Tota	al Risk Fac	tor Score

Please see the following page for prophylaxis safety considerations.

## **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"

<b>Anticoagulants: Facto</b>	rs Associated With Increased E	Bleeding
☐ Is patient experiencing a	any active bleeding?	
☐ Does patient have (or ha	ad a history of) HIT?	
☐ Is patient's platelet coun	t <100,000/mm³?	
☐ Is patient taking oral ant	icoagulants?	
☐ Is patient's creatinine cle	earance abnormal? Please indicate val	ue:
	e checked, the patient may not be a ca idered for alternative prophylactic meas	
<b>Intermittent Pneumation</b>	c Compression (IPC)	
Does patient have sever	e peripheral arterial disease?	
☐ Does patient have CHF?	?	
Does patient have an ac	:ute/superficial DVT?	
	e checked, the patient may not be a ca ernative prophylactic measures.	ndidate for IPC therapy and
Adapted with permission from Caprini J	JA, Arcelus JI, et al. State-of-the-art venous thromboer	mbolism prophylaxis. <i>Scope.</i> 2001;8:228-240.
	T reported by The Seventh ACCP Conference on Anti ole individual clinical trials in medical patients.	ithrombotic and Thrombolytic Therapy and
Chest. 2004;126(suppl):338S-400S. <b>2. Nicolaides Al</b> the scientific evidence. <i>J Vasc Br.</i> 2002;1:133-170. <b>3.</b> Incidence of venous thromboembolism: a community- <i>Thromb Haemost.</i> 2000;83:657-660. <b>5. Turpie AG</b> , orthopedic surgery: a meta-analysis of 4 randomized of Barber KR. Evaluation of pulmonary arterial catheter parts.	Prevention of venous thromboembolism; the Seventh ACCP (N. Prevention of venous thromboembolism. International Constantini JA, Arcelus JI, et al. State-of-the-art venous thrombobased study in Western France. EPI-GETBP Study Group. Grauer KA, Eriksson BI, Lassen MR. Fondaparinux vs enoxapat double-blind studies. Arch Intern Med. 2002;162:1833-1840. Coarameters utilizing intermittent pneumatic compression boots tetent compression on arterial inflow to the lower limb. Arch Suttent Compression on arterial inflow to the lower limb.	sensus Statement Guidelines compiled in accordance with oembolism prophylaxis. Scope. 2001;8:228-240. 4. Oger E roupe d'Etude de la Thrombose de Bretagne Occidentale. rin for the prevention of venous thromboembolism in major 6. Ringley CD, Johanning JM, Gruenberg JC, Veverka TJ, is in congestive heart failure. Am Surg. 2002;68:286-289.
Examining Physician's Signature:		Date: