

ANTENATAL

Venous Thromboembolism (VTE) Risk Assessment For Maternity

Name:

Date of Birth: DD /MM /YYYY

MRN Number:

NHS Number:

(or affix hospital label here)

Perform risk assessment at: (Refer to A2014 Diagnosis and Treatment of VTE Disorders)

- Booking
- Every admission to hospital

- ☐ Personal history of DVT, PE or thrombophilia (DVT – deep vein thrombosis, PE – pulmonary embolism) → Refer for senior obstetric opinion A/N thromboprophylaxis advised ☐
- ☐ Additional risk factors (indicate ✓ in box below) → If more than 3, refer for obstetric opinion ☐
If more than 2 and admitted, seek obstetric opinion ☐

Additional Risk Factors				
Permanent Risk Factors				
Age more than 35 at booking		Gross varicose veins		
BMI of 35 or more at booking		Paraplegia		
Parity of 3 or more		Sickle cell disease		
Smoker (more than 10/day)		Serious medical conditions, cancer		
Intravenous drug users		Other – specify:		
Transient Risk Factors		Date(s)	Date(s)	
Dehydration / Hyperemesis			Immobility more than 3 days A/N	
Ovarian hyperstimulation syndrome			Any surgical procedure A/N	
Multiple pregnancy, assisted conception			Long-distance travel more than 4 hours	
Current severe infection			Moderate to severe pre-eclampsia	

Assess degree of risk to determine recommended thromboprophylaxis

Degree of Risk	Clinical scenarios	Recommended A/N thromboprophylaxis
High risk (HR)	Personal history of VTE / Thrombophilia	Plan made by senior obstetrician Fragmin 5,000 U daily (see guideline for dose)
Moderate risk (MR)	Single VTE no thrombophilia / FH Thrombophilia no VTE 3 or more additional risk factors (as above), 2 or more if admitted	Consider A/N thromboprophylaxis. Fragmin 5,000 U daily Below knee antiembolic stockings if admitted Review if transient risk factor resolves
Low risk (LR)	0 – 1 or 2 additional risk factors	Early mobilisation, hydration, reassessment

Assess risk of bleeding and contraindications to Fragmin (see inpatient prescription chart)

No risk factors for bleeding – prescribe Fragmin ☐ Fragmin contraindicated, mechanical method ☐

Gestation	Degree of risk (HR, MR, LR)	Obstetrician informed (Y/N)	Treatment prescribed	Date assessed	Risk assessed by: (Initial and print)
Booking					

Referred to	Signature	Designation	Date	Time
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Complete further form if additional admissions