

## Frequently Asked Questions

### What is the VTE Risk Assessment PowerForm?

The VTE Risk Assessment will be used to determine overall risk for VTE, as well as any possible contraindications to mechanical or pharmacological prophylaxis.

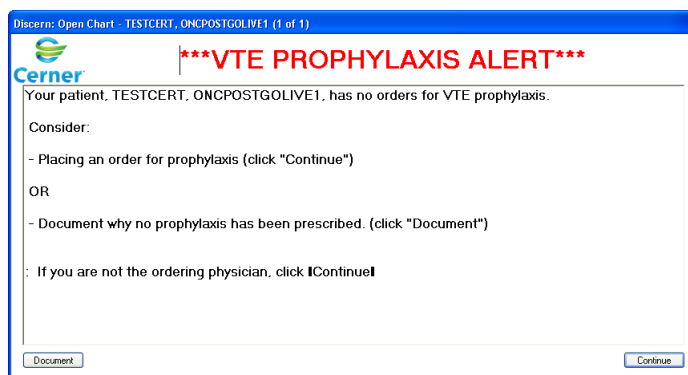
### When is the PowerForm used?

The VTE Risk assessment can be used for all patients being admitted to the hospital. It can be accessed via ad hoc documenting and will also be seen as an alert in certain circumstances.

### VTE Alert

The alert will appear after the patient is admitted, if:

- No prophylaxis is ordered
- OR-
- The reasons no prophylaxis is ordered have not been documented.



Open the VTE Risk Assessment PowerForm by clicking **Document** on the alert.

### Determining VTE Risk

- The most common risk factors are included in the PowerForm.
- Most patients, unless otherwise healthy and ambulating, will fall into a Moderate or High Risk Level.
- Recommendations are included for each risk level

VTE Risk Assessment

**INSTRUCTIONS:**  
 Step 1. Determine VTE risk and assess for contraindications.  
 Step 2. Place an order for prophylaxis, or document why no prophylaxis has been ordered.

Low VTE risk     Moderate/High risk

**LOW VTE RISK**  
 Ambulatory Patient without additional VTE risk factors and/or expected stay less than two days AND/OR INR >= 2.0  
 Recommendation: Early ambulation. No VTE Prophylaxis indicated.

**MODERATE/HIGH VTE RISK**  
 All patients with one or more clinical risk factor. (see right)  
 Recommendation: Order PHARMACOLOGICAL prophylaxis or MECHANICAL prophylaxis (Intermittent Pneumatic Compression) with the VTE Medical Subphase

-OR-

Document reason no prophylaxis ordered (below).  
 Must give reason for both MECHANICAL and PHARMACOLOGICAL prophylaxis.

**Known VTE clinical risk factors include, but are not limited to:**

Age >40 Smoker Previous history of VTE (or PE) Inflammatory bowel disease ICU Admission Known thrombophilia Sickle cell BMI >30 Cancer (present or previous) Sepsis Moderate to major surgery Pregnancy/recent post-partum with immobility Acute/chronic lung disease (including PNA and COPD)	Varicose veins/chronic stasis Cardiac dysfunction (AMI or HF) Myeloproliferative disorder Acute Rheumatic disease Nephrotic syndrome Stroke (embolic or ischemic) Central venous catheter Major orthopedic surgery Impaired mobility Hormonal replacement Estrogen based contraception
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## Documenting Contraindications for Prophylaxis

If appropriate, document contraindications to:

- Mechanical prophylaxis
- Pharmacological prophylaxis

**Reason MECHANICAL prophylaxis not ordered:**

- Bilateral amputation
- Bilateral lower extremity trauma
- Patient is a fall risk
- Refusal

**Reason PHARMACOLOGICAL prophylaxis not ordered:**

- None
- Active hemorrhage
- Active intracranial lesions/neoplasm
- Allergy
- Anticoagulant not tolerated
- Chronic anticoagulation at therapeutic doses (eg. warfarin, dabigatran, apixaban, rivaroxaban)
- Clinical trials
- Coniot care
- Craniotomy within 2 weeks
- End stage liver disease (elevated INR)
- Epidural analgesia with spinal catheter (current or planned)
- Gastrointestinal/genitourinary hemorrhage within the last month
- Hypertensive emergency (SBP >200 with end organ damage)
- Immune mediated heparin-induced thrombocytopenia
- Intracranial hemorrhage in the past year
- Intraocular surgery within 2 weeks
- Planned interventions
- Postoperative/Post-procedural bleeding concerns
- Refusal
- Renal impairment (GFR)
- Thrombocytopenia (<50K) or coagulopathy (prothrombin time >18 sec)
- Trauma to head/spinal cord with hemorrhage in the last 4 weeks
- VTE prophylaxis already addressed in other orders

## Finding the VTE Risk Assessment

- The VTE Risk Assessment PowerForm can be accessed directly through the VTE Alert
- To document an ad hoc risk assessment, the PowerForm can be found in the Ad Hoc menu
- The Ad Hoc Icon is found on the Tool Bar.

