VENOUS THROMBOEMBOLISM REVIEW TEMPLATE

Admission details		
UR:	DOB:	
Name:	Sex:	
Initial surgery location (hospital):		
Initial surgery admitting unit:		
Readmission (if occurred) location:		
Readmission unit:		
Date of admission:	Date of discharge:	
VTE prevention Standard risk asses	sment	
VTE risk assessment documented? Y / N		
Documented VTE plan in the notes? Y / N		
Plan discussed with patient? Y / N / unknown		
VTE risk factors and contraindication	ons	
Surgical procedure description and speciality:		
ASA classification:	Duration of procedure (mins):	

ADDITIONAL RISK FACTORS (tick all that apply):	
 O Previous VTE O Diagnosed thrombophilia O Active cancer (except skin lesions) O Pregnancy and puerperium (within 6 weeks) O Prolonged immobility (>4 days) 	 O Destrogen containing HRT/oral contraceptive use (within 4 weeks) O Heart failure or recent MI (<6 weeks) O Fibrinogen > 4g/I or platelets > 350*10°/I O Other (describe):
MECHANICAL PROPHYLAXIS CONTRAINDICATION (Describe):	
Weight (kg): PHARMACOLOGICAL PROPHYLAXIS CONTRAINI	Height (m):
(tick all that apply):	DICATION OR COMPLICATING FACTOR
O Inherited or acquired bleeding disorders (please describe)	O Other medications that may affect clotting (other anticoagulants)
O Severe platelet function disorder or thrombocytopaenia (<50 x 10°/l)	O Severe renal dysfunction (eGFR <30)O Neuraxial blockade (spinal or epidural)
O Recent CNS bleeding or CNS surgery (within 6 weeks) or risk of CNS bleeding	O GI tract bleeding (active)
O Other perceived excessive surgical bleeding risk	O Other (describe):

VTE prevention methods used

MECHANICAL

Thromboembolic deterrent stockings (TEDS): Y / N / unknown

Sequential compression devices (SCD) intraop and while immobile: Y / N / unknown

PHARMACOLOGICAL

LMWH:	Rivaroxaban, dabigatran, apixaban:	
Preoperatively: Y / N	Preoperatively: Y / N	
Timing if started intra or postoperatively (in hours from start of surgery):	Timing if started intra or postoperatively (in hours from start of surgery):	
Duration post op (days):	Duration (days):	
Dose per day:	Any missed doses: Y / N (reason if yes)	
Any missed doses: Y / N (reason if yes)		
Unfractionated Heparin:	Warfarin:	
Preoperatively: Y / N	Preoperatively: Y / N	
Timing if started intra or postoperatively (in hours from start of surgery):	Timing if started intra or postoperatively (in hours from start of surgery):	
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(in hours from start of surgery):	(in hours from start of surgery):	
(in hours from start of surgery): Duration post op (days):	(in hours from start of surgery): Duration (days):	
(in hours from start of surgery): Duration post op (days): Dose per day:	(in hours from start of surgery): Duration (days):	

Ongoing postoperative management

VTE plan reassessed at seven days?	Y/N/unknown
Discharged on anticoagulant:	Y/N
Duration of prophylaxis post discharge:	Days
VTE prevention discharge plan documented?	Y/N/unknown
Patient informed of discharge plan?	Y/N/unknown
Ongoing clinical provider informed?	Y/N/unknown
Initial perioperative team aware of VTE	Y/N
Discussed in M&M	Y/N
If yes, which M&M (e.g. surgical, anaesthesia):	
Potentially modifiable factors:	Y/N
If yes, please describe:	

References

Wickham, N., Gallus, A. S., Walters, B. N. J., Wilson, A., the NHMRC VTE Prevention Guideline Adaptation Committee. (2012). Prevention of venous thromboembolism in patients admitted to Australian hospitals: summary of National Health and Medical Research Council clinical practice guideline. *Internal Medicine Journal, 42*(6), 698–708. http://doi.org/10.1111/j.1445-5994.2012.02808.x

Chahal, R., Alexander, M., Yee, K., Jun, C. M. K., Dagher, J. G., Ismail, H., et al. (2020). Impact of a risk-stratified thromboprophylaxis protocol on the incidence of postoperative venous thromboembolism and bleeding. *Anaesthesia*, 90, 678–11. http://doi.org/10.1111/anae.15077

Australian Commission on Safety and Quality in Health Care. Venous Thromboembolism Prevention Clinical Care Standard January 2020, 1–56.