

Thrombosis Risk Assessment

Patient's Name _____ Age _____ DOB _____

Diagnosis _____ Type of Surgery _____

Add 5 points for each of the following statements that apply	
<input type="checkbox"/>	Broken hip, pelvis, or leg within the last month
<input type="checkbox"/>	Hip or knee joint replacement surgery
<input type="checkbox"/>	Stroke within the last month
<input type="checkbox"/>	Serious trauma within the last month
<input type="checkbox"/>	Spinal cord injury resulting in paralysis within the last month

Add 3 points for each of the following statements that apply	
<input type="checkbox"/>	Age 75 or older
<input type="checkbox"/>	History of blood clots, (DVT or PE)
<input type="checkbox"/>	Family history of blood clots
<input type="checkbox"/>	Family history of blood-clotting disorders

Add 2 points for each of the following statements that apply	
<input type="checkbox"/>	Age 60-74
<input type="checkbox"/>	Arthroscopic knee surgery
<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Major surgery lasting longer than 45 min.
<input type="checkbox"/>	Confined to bed rest for more than 72 hrs.
<input type="checkbox"/>	Plaster cast that has kept you from moving your limb within the past month
<input type="checkbox"/>	Tube in blood vessel in neck or chest that delivers blood or medicine directly to heart (central venous access)

For women only: Add 1 points for each of the following statements that apply	
<input type="checkbox"/>	Use of birth control or Hormone Replacement Therapy
<input type="checkbox"/>	Pregnant or had a baby within the past month

Add 1 point for each of the following statements that apply	
<input type="checkbox"/>	Age 41-60 years
<input type="checkbox"/>	Planning minor surgery in the near future
<input type="checkbox"/>	Varicose veins
<input type="checkbox"/>	History of Inflammatory Bowel Disease (IBD)
<input type="checkbox"/>	Legs are currently swollen
<input type="checkbox"/>	Overweight or obese
<input type="checkbox"/>	Heart attack within the past month
<input type="checkbox"/>	Serious infection within the past month (for example, pneumonia)
<input type="checkbox"/>	Lung disease within the past month
<input type="checkbox"/>	Bed rest or restricted mobility

Add up all points to get the total DVT Risk Score _____

What does your risk score mean?

Low Risk 0-1
Moderate Risk 2
High Risk 3