

NAME: \_\_\_\_\_

MRN: \_\_\_\_\_

# THROMBOPROPHYLAXIS RISK ASSESSMENT

## Complete for all adult patients

**Step One - Assess Thrombosis Risk Factors:** Tick all boxes that apply OR tick here if NO thrombosis risk factor

<ul style="list-style-type: none"> <li>• Age &gt; 60yr <input type="checkbox"/></li> <li>• Significant reduced mobility for &gt;3 days including cast immobilisation <input type="checkbox"/></li> <li>• Active cancer or cancer treatment or possible new diagnosis of cancer <input type="checkbox"/></li> <li>• Medical co morbidities (e.g. heart disease, metabolic, endocrine or respiratory pathologies, acute infectious diseases, inflammatory conditions) <input type="checkbox"/></li> <li>• Personal history or first-degree relative with a history of VTE <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• On hormone replacement therapy (HRT) or oestrogen-containing contraceptives <input type="checkbox"/></li> <li>• Varicose veins with phlebitis <input type="checkbox"/></li> <li>• Acute Orthopaedic admission <input type="checkbox"/></li> <li>• Acute surgical admission/ surgery <input type="checkbox"/></li> <li>• Pregnancy or &lt; 6 weeks post-partum <input type="checkbox"/></li> </ul>
---	--

**Step Two - Assess Bleeding Risk Factors:** Tick all boxes that apply OR tick here if NO anticoagulation risk factor

<ul style="list-style-type: none"> <li>• Active bleeding from any source/major bleeding risk e.g. peptic ulcer, liver disease <input type="checkbox"/></li> <li>• Concurrent use of anticoagulants e.g. warfarin INR &gt;2, dabigatran, rivaroxaban, apixaban etc <input type="checkbox"/></li> <li>• Acute stroke or history of intracranial haemorrhage <input type="checkbox"/></li> <li>• Thrombocytopenia (platelets less than 75 x 10<sup>9</sup>/L) <input type="checkbox"/></li> <li>• Uncontrolled hypertension (230 systolic or &gt;120 diastolic) <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>• Inherited bleeding disorders (such as haemophilia and Von Willebrand's disease) <input type="checkbox"/></li> <li>• Admitted for neurosurgery, spinal surgery/spinal injury or eye surgery <input type="checkbox"/></li> <li>• If lumbar puncture, spinal/epidural anaesthesia or epidural catheter planned or in situ and anticoagulation is indicated, refer to local guidelines for timing of anticoagulation <input type="checkbox"/></li> </ul>
--	---

**Step Three - Risk Stratification:**

1 or more ticks in Thrombosis risk assessment, <b>PLUS</b> No ticks in Bleeding risk assessment	1 or more ticks in Thrombosis risk assessment, <b>PLUS</b> 1 or more ticks in Bleeding risk assessment	No ticks in Thrombosis risk assessment
<b>High risk of VTE with low risk of bleeding</b>	<b>High risk of VTE with significant risk of bleeding</b>	<b>Low risk of VTE</b>



<ul style="list-style-type: none"> <li>• LMWH thromboprophylaxis recommended (prescribe on top of opposite page)</li> <li>• Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines)</li> <li>• Early mobilisation</li> </ul>	<ul style="list-style-type: none"> <li>• Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines)</li> <li>• Early mobilisation</li> <li>• Consider Haematology consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Non pharmacological thromboprophylaxis unless contraindicated (see thromboprophylaxis guidelines)</li> <li>• Early mobilisation</li> </ul>
--	--	---

If LMWH not recommended put lines through Tinzaparin prescription box

**Admission Assessment Completed**

NCHD Name: \_\_\_\_\_

MCRN: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Step Four - Reassessment within 24 hours, whenever clinical situation changes and at discharge**

1. Date	Reason if change in Risk Assessment Outcome	Sign
2. Date	Reason if change in Risk Assessment Outcome	Sign



























# PRESCRIPTION WRITING POLICY FOR THE CORK UNIVERSITY HOSPITAL

## April 2001

1. Individual in-patient prescription charts must have complete details, as a minimum patient's full name **AND** hospital number **AND** date of birth. Preferably an addressograph sticker should be attached. The completeness of the patient details is the responsibility of the prescriber.
2. Drugs have to be prescribed **legibly** and in **CAPITAL PRINT**, in indelible ink.
3. Prescriptions have to be signed by a registered medical practitioner. Signature should be followed by the prescriber's bleep number. The bleep number will help nurses, clinical pharmacists and senior medical staff to reinforce adherence to this policy.
4. Names of drugs must be in **generic format**. For a transition period, it is advised to add the brand name in brackets, e.g. AMLODIPINE (ISTIN). Exceptions from the generic prescription are
  - Combination drugs, e.g. FRUIMIL although the use of the name CO-AMILOFRUSE (40mgs/50mgs), is encouraged;
  - preparations using slow or modified release formulations, e.g. MST;
  - the following drugs because of reasons of bioequivalence: all lithium, theophylline and diltiazem products.
5. Abbreviations, e.g. NSA, GTN, ASA, are not permitted.
6. Corrections can only be made by re-writing the prescription; crossing out, tipp-ex, etc. are not permitted.
7. Discontinued drugs must be **signed** and **dated** by the prescriber.
8. All drugs prescribed on separate charts, e.g. Insulin must be included on the prescription chart, e.g. Insulin see diabetic Chart.
9. Doses should follow the normal convention as follows: g for grams, mg for milligrams, micrograms and nanograms written in full. Avoid decimal points where possible, e.g. 250 micrograms, not 0.25 mg; 500 mg not 0.5 g, 1200 mg not 1.2 g.
10. Drug sensitivities (allergies) should be entered in the allocated box.
11. The same guidelines apply for drug prescription on HIPE forms and yellow prescriptions. Yellow prescriptions have to be used for all out-of-hospital prescriptions and non-formulary prescriptions. Numbered yellow prescriptions pads are available to doctors through pharmacy.



