

GYNECOLOGY THROMBOPROPHYLAXIS RISK ASSESSMENT TOOL



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Obstetrics Document

INDICATE RISK FACTORS (Check all that apply)

Serious Risk Factors	Moderate Risk Factors
<input type="checkbox"/> Inherited acquired thrombophilia <input type="checkbox"/> Previous DVT and/or PE ² <input type="checkbox"/> Family History of DVT or PE <input type="checkbox"/> Current, active cancer	<input type="checkbox"/> Age 35 years or more <input type="checkbox"/> Immobility/bed rest <input type="checkbox"/> BMI 30 kg/m ² or more ⁷ <input type="checkbox"/> Hyperemesis <input type="checkbox"/> Hypertension <input type="checkbox"/> Dehydration <input type="checkbox"/> Smoking (active, not history) <input type="checkbox"/> Heart disease <input type="checkbox"/> Rheumatological disease

RISK CATEGORIES

Low Risk	Moderate Risk ¹	High Risk ¹	Very High Risk ^{1,2}
<input type="checkbox"/> Patient who is freely ambulatory without restrictions AND <input type="checkbox"/> Age below 35 years WITHOUT any additional risk factors	<input type="checkbox"/> One SERIOUS risk factor OR <input type="checkbox"/> Two MODERATE risk factors (non-serious)	<input type="checkbox"/> Three or more MODERATE risk factors (non-serious) OR <input type="checkbox"/> One SERIOUS risk factor AND any MODERATE risk factors OR <input type="checkbox"/> Major surgery longer than 30 minutes with ANY additional risk factors	<input type="checkbox"/> Two or more SERIOUS risk factors

RECOMMENDED THROMBOPROPHYLAXIS

Low Risk	Moderate Risk ¹	High Risk ¹	Very High Risk ^{1,2}
None	Consider SCD ⁶ with option to add: dalteparin 5000 units SUBCUT daily ^{3,4,5} OR heparin 5000 units SUBCUT twice daily if GFR below 10 mL/min ^{3,4,5}	SCD ⁶ indicated strongly consider ADDING: dalteparin 5000 units SUBCUT daily ^{3,4,5} OR heparin 5000 units SUBCUT twice daily if GFR below 10 mL/min ^{3,4,5}	SCD ⁶ indicated AND dalteparin 5000 units SUBCUT daily ^{3,4,5} OR heparin 5000 units SUBCUT twice daily if GFR below 10 mL/min ^{3,4,5}

CONTRAINDICATIONS¹

<input type="checkbox"/> Active, uncontrolled bleeding or high risk of bleeding <input type="checkbox"/> Systemic anticoagulation <input type="checkbox"/> Unsecured aneurysm (cerebral or aortic dissecting) <input type="checkbox"/> Bacterial endocarditis or pericarditis <input type="checkbox"/> Active peptic ulcer disease, ulcerative GI lesions <input type="checkbox"/> Malignant hypertension <input type="checkbox"/> Severe head trauma	<input type="checkbox"/> Known bleeding disorder <input type="checkbox"/> INR or PTT ratio 1.5 or above (excluding antiphospholipid syndrome) <input type="checkbox"/> Severe thrombocytopenia (platelet count below 50,000) <input type="checkbox"/> Eye, brain, or spinal cord injury within the past 24 hrs <input type="checkbox"/> For heparin or dalteparin : history of heparin induced thrombocytopenia <input type="checkbox"/> For dalteparin : Epidural catheter removal or spinal tap less than 2 hours prior to dose, weight below 45 kg; hemodialysis ^{3,4} <input type="checkbox"/> For SCD : open wounds or extremity with known DVT, PVD with absent pulses, severe neuropathy
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BMI TABLE⁷

Height in cm	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76
	147	150	152	155	157	160	162	165	167	170	172	175	177	180	182	185	187	190	192
Weight Cut-Off for BMI 30 or above																			
lb kg	143 (65)	148 (67)	153 (69)	158 (71)	164 (74)	169 (77)	174 (79)	180 (82)	186 (85)	191 (87)	197 (90)	203 (92)	209 (95)	215 (98)	221 (100)	227 (103)	233 (106)	240 (109)	246 (112)

Signature: _____ Printed name: _____ Date: _____

- For patients with contraindications to pharmacologic prophylaxis, use mechanical prophylaxis with properly fitted SCD until the bleeding risk decreases
- Consider maintaining prophylaxis 3 to 5 days post-operatively or until the patient is freely ambulatory without restrictions
- Manipulation of epidural catheter** should be undertaken at the nadir (trough) of anticoagulant effect. With dalteparin, remove the catheter at least 10 to 12 hours after the dose and wait 2 hours to redose. If catheter is to remain in place, SC heparin use is **strongly** recommended, with redose more than 1 hour after removal. If blood is present with catheter manipulation or multiple punctures employed, wait 24 hours to re-start any pharmacologic thromboprophylaxis
- Patients with CrCl** below 30 mL/min, monitor Anti-10a levels 4 to 6 hours post dalteparin dose.
- Utilize subcutaneous heparin until 6 hours before delivery if hemorrhage risk is low
- SCD is most effective when properly applied to the patient and are operating for more than 23 hours per day
- Obese patients with BMI or above are at elevated risk for DVT and PE. Use BMI table to determine BMI 30 threshold for given heights and weights