

**LRI Emergency Department**  
**VTE risk management for ambulatory adults with immobilized leg**

Version 48

**DO NOT use if admission needed**

**Complete before making fracture clinic ICE referral**

**Disclaimer:**  
 This is a clinical template; clinicians should always use judgment when managing individual patients

Re-approved by ED guidelines committee on 24Jan24  
 Review date Jan27 · Trust Ref: C40/2018

**Patient details**

Full name

DoB

Unit number

(use sticker if available)

**1 Increased bleeding risk?**

**YES** – as one or more of the below

- Any active bleeding
- Inherited bleeding disorder (e.g. (haemophilia or von Willebrand disease)
- Acquired bleeding disorder, e.g. current liver failure
- Systolic BP >230 or diastolic BP >120
- Cerebral neoplasm that has bled previously
- Non-haemorrhagic stroke <1/52 ago
- Haemorrhagic stroke <2/52 ago
- Spontaneous intracerebral bleed <2/52 ago
- Sub- or extradural haematoma <10/7 ago
- Traumatic SAH <10/7 ago
- Cerebral haemorrhagic contusion <10/7 ago
- Neurosurgical procedure <48h ago
- LP/epidural/spinal anaesthesia <4h ago
- Eye surgery or retina lasing <48h ago
- On treatment for bacterial endocarditis
- Haemorrhagic pericardial effusion
- Haemorrhagic pleural effusion

**NO** – as none of the above

**2 Clear VTE risk present?**

**YES** – as at least one of the below

- History of DVT
- History of PE
- Known thrombophilia
- Achilles tendon rupture

**NO** – as none of the above

**3 Body Mass Index (BMI)**

- Record weight & height below
- Work out BMI using [MD calc web calculator](#)

Weight  kg

Height  cm  in

BMI



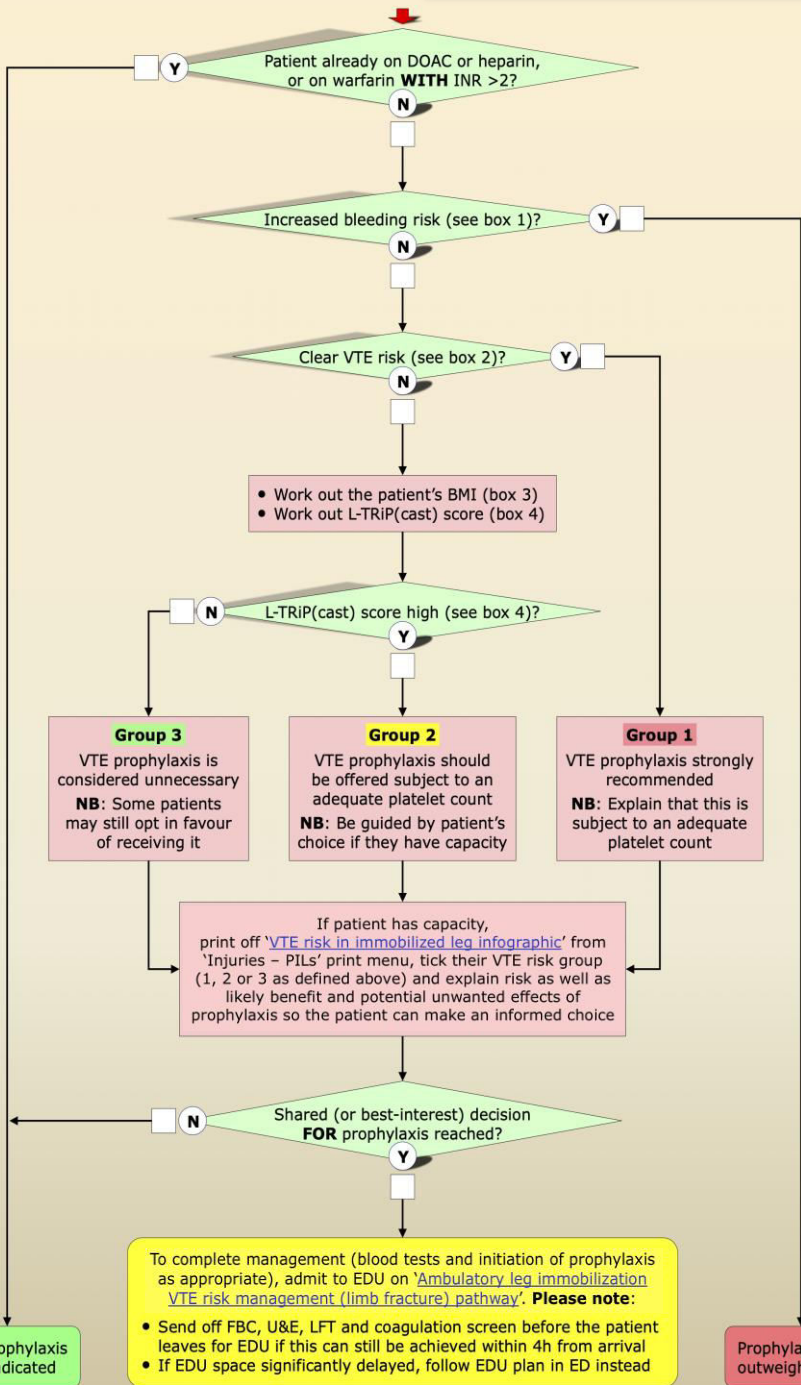
**4 L-TRiP(cast) score high?**

Tick any applicable criteria below and record total score at the bottom

- Male sex  1
- Age ≥ 55y  3
- Age ≥35 and <55y  2
- BMI ≥35kg/m<sup>2</sup>  2
- BMI ≥25 and <35kg/m<sup>2</sup>  1
- History of VTE in 1<sup>st</sup> degree relative  2
- Current use of oral contraceptives  4
- Pregnant or <7 weeks since delivery  3
- Superficial phlebitis in affected leg  3
- Comorbidity (rheumatoid arthritis, CKD, COPD or multiple sclerosis)  1
- Cancer within the past 5y  3
- Pneumonia within last 3/12  3
- Surgery within last 3/12  2
- Hospital admission within last 3/12  2
- Bedridden within last 3/12  2
- Above knee cast  5
- Knee cylinder cast/cricket pad splint  2
- Below knee cast or boot  4

**Yes** – as score is 9 or above

**No** – as score is 8 or less



To complete management (blood tests and initiation of prophylaxis as appropriate), admit to EDU on 'Ambulatory leg immobilization VTE risk management (limb fracture) pathway'. **Please note:**

- Send off FBC, U&E, LFT and coagulation screen before the patient leaves for EDU if this can still be achieved within 4h from arrival
- If EDU space significantly delayed, follow EDU plan in ED instead

**For ALL patients:** Hand out 'Reducing risk of clots when you go home' PIL  & complete fracture clinic ICE referral

Assessment carried out by

Print name  Signature  Position  Date