

PRESCRIPTION / CERTIFICATE OF MEDICAL NECESSITY / RISK ASSESSMENT FORM

PATIENT NAME _____ AGE _____ DATE OF BIRTH _____

DATE OF SURGERY _____ TYPE OF SURGERY _____ LOCATION _____

DIAGNOSIS _____ ICD-10 _____

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PATIENT MEDICAL REVIEW / RISK ASSESSMENT

Each Risk Factor Represents 1 Point

Age 40-59 years

Minor surgery planned

History of prior major surgery

Varicose veins

History of inflammatory bowel disease

Swollen legs (current)

Obesity (BMI >30)

Acute myocardial infarction (< 1 month)

Congestive heart failure (< 1 month)

Sepsis (< 1 month)

Serious lung disease incl. pneumonia (< 1 month)

Abnormal pulmonary function (COPD)

Medical patient currently at bed rest

Leg plaster cast or brace

Other risk factor _____

For Women Only (Each Represents 1 Point)

Oral contraceptives or hormone replacement therapy

Pregnancy or postpartum (<1 month)

History of unexplained stillborn infant, recurrent spontaneous abortion (≥3), premature birth with toxemia or growth restricted infant

Each Risk Factor Represents 3 Points

Age 75 years or more

Major surgery lasting 2-3 hours

BMI > 50 (venous stasis syndrome)

History of SVT, DVT/PE

Family history of DVT/PE

Present cancer or chemotherapy

Positive Factor V Leiden

Positive Prothrombin 20210A

Elevated serum homocysteine

Positive Lupis anticoagulant

Elevated anticardiolipin antibodies

Heparin-induced thrombocytopenia (HIT)

Other thrombophilia

Type _____

Each Risk Factor Represents 5 Points

Elective major lower extremity arthroplasty

Hip, pelvis or leg fracture (< 1 month)

Stroke (< 1 month)

Multiple trauma (< 1 month)

Acute spinal cord injury (paralysis) (< 1 month)

Major surgery lasting over 3 hours

Each Risk Factor Represents 2 Points

Age 60-74 years

Major surgery (> 60 minutes)

Arthroscopic surgery (> 60 minutes)

Laparoscopic surgery (> 60 minutes)

Previous malignancy

Morbid obesity (BMI >40)

Central venous access

TOTAL VTE RISK FACTOR SCORE		
Total Risk Factor Score	Incidence of DVT	Risk Level
0-1	<10%	Low Risk
2	10% - 20%	Moderate Risk
3-4	20% - 40%	High Risk
5 or More	40% - 80% 1-5% mortality	Highest Risk

Prophylaxis Safety Considerations: Check box if answer is 'YES'

Anticoagulants: Factors Associated with Increased Bleeding

- Is patient experiencing any active bleeding?
- Does patient have (or has had history of) heparin-induced thrombocytopenia?
- Is patient's platelet count <100,000/mm³?
- Is patient taking oral anticoagulants, platelet inhibitors (e.g., NSAIDS, Clopidogrel, Salicylates)?
- Is patient's creatinine clearance abnormal? If yes, please indicate value _____

If any of the above boxes are checked, the patient may not be a candidate for anticoagulant therapy and you should consider alternative prophylactic measures.

Intermittent Pneumatic Compression (IPC)

- Does patient have severe peripheral arterial disease?
- Does patient have congestive heart failure?
- Does patient have an acute superficial/deep vein thrombosis?

If any of the above boxes are checked, then patient may not be a candidate for intermittent compression therapy and you should consider alternative prophylactic measures.

Based on: V. Bahl, H. Hu, P. K. Henke, T. W. Wakefield, D. A. Campbell J, Caprini JA. Ann Surg 2009;DOI: 10.1097/SLA.0b013e3181b7fca6; Zakai NA, Wright J, Cushman M. J Thromb Haem 2004;2:2156-61; Seruya M, Venturi ML, Iorio ML. J Plastic & Reconstructive Surgery 2008;122:1701-8; Hafez D, Kenkel J, Nguyen M. Plastic & Reconstructive Surgery 2008;122:269-79; McLafferty RB, Lohr JM, Caprini JA, et al. J Vasc Surg 2007;45:142-8; McLafferty RB, Passman MA, Caprini JA, et al. J Vasc Surg 2008;48: 394-9; Nicolaides AN et al: INT Angiol 2006; 25:101-161.; Arcelus JI, Caprini JA, Traverso CI. Semin Thromb Hemost 1991;17(4):322-5.; Borow M, Goldson HJ. Am J Surg 1981;141(2):245-51.; Caprini JA, Arcelus I, Traverso CI, et al. Semin Thromb Hemost 1991;17(suppl 3):304-12.; Caprini JA, Arcelus JI et al: Scope 2001; 8: 228-240.; Caprini JA, Arcelus JI, Reyna JJ. *Seminars in Hema-tology*, April 2001;38(2) Suppl 5:12-19.; Caprini, JA. Dis Mon 2005;51:70-78.; Oger E: Thromb Haem, 2000; 657-660.; Turpie AG, Bauer KA, Eriksson BI, et al. Arch Intern Med 2002; 162(16):1833-40.; Ringley et al: American Surgeon 2002; 68(3): 286-9.; Morris et al. Arch Surg 2002. 137(11):1269-73.; Sugarman HJ et al, Ann Surg: 2001;234 (1) 41-46, , Nguyen, NT, Hinojosa, MW, Fayad, C, et al. Ann Surg 2007;246(6):1021-1027

Certificate of Medical Necessity

In my evaluation, this patient assesses to have a risk of developing Deep Venous Thrombosis (DVT) as a result of surgery. Due to that risk, I am prescribing a pneumatic compression device prophylaxis for this patient following surgery as DVT and/or pulmonary embolism (PE) are serious complications that are frequently encountered in medical and surgical practice. I feel this is a beneficial and cost effective treatment for my patient, and certify that this product is medically necessary to treat the specific medical condition discussed above. It is essential for the patient to use the pneumatic compressor and compression wraps as indicated for the specific period of time and at the prescribed pressure.

Prescription

I am prescribing a pneumatic compressor and compression wraps to maximize the outcome of the surgery and minimize the likelihood of complications. I feel this is a beneficial and cost effective treatment for my patient. It is essential for the patient to use the pneumatic compressor and compression wraps as indicated for the specific period of time and at the prescribed pressure.

QTY.

- [] C00002 VPULSE W SEQ PADS (2)
- [] C00017 THERMAL STANDARD KNEE PAD [] C00013 THERMAL HIP PAD
- [] C00003 THERMAL LARGE KNEE PAD [] C00016 THERMAL UNIV PAD
- [] C00004 THERMAL SHOULDER PAD [] C00020 THERMAL BACK PAD
- [] C00005 THERMAL FOOT/ANKLE PAD

	CALF COMPRESSION (DVT)	COLD THERAPY	WOUND COMPRESSION
# OF DAYS			
HOURS PER DAY			
CHECK SKIN EVERY _____ HOURS			

PHYSICIAN'S SIGNATURE (STAMP IS NOT ACCEPTABLE)

DATE