

Patient Information

Patient Name: _____ D.O.B: _____ Age: _____

Date of Surgery: _____ Type of Surgery: _____ Location: _____

Diagnosis: _____ ICD-10: _____

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Choose All That Apply

Each Risk Factor Represents 1 Point

- Age 41-60 years
- Minor surgery planned
- History of prior major surgery
- Varicose veins
- History of inflammatory bowel disease
- Swollen legs (current)
- Overweight or obese (BMI >25)
- 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)

- Current use of 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 2 Points

- Age 61-74 years
- Major surgery (>45 minutes)
- Arthroscopic surgery (>60 minutes)
- Laparoscopic surgery (>60 minutes)
- Current or previous malignancy
- Morbid obesity (BMI >40)
- Central venous access
- Confined to bed (>72 hours.)
- Immobilizing plaster cast or mold on leg (<1 month)

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 Lupus 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)
- Serious trauma (<1 month)
- Acute spinal cord injury (paralysis) (<1 month)
- Major surgery lasting over 3 hours

TOTAL RISK FACTOR SCORE _____

VTE Risk For Surgical Patients

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, then patient may not be a candidate for anticoagulant therapy and alternative prophylactic measures should be considered.

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.

¹ 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; Hatfeg 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; Nicolaidis 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 Hematology, 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

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 an intermittent 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 intermittent pneumatic compressor and compression wraps as indicated for the specific period of time and at the prescribed pressure.

I am prescribing an intermittent 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 intermittent pneumatic compressor and compression wraps as indicated for the specific period of time and at the prescribed pressure.

Item Description/Unit(s): **Pneumatic Compression Device (1), and DVT Sleeves (2), Cold-Compression Pad**

- Back (1) Knee (1) Shoulder (1)
 Hip Ankle Other _____ Length of Need (Days): 14 21 Other _____

Physician print name: _____
 Physician's Signature (stamp not acceptable): _____ Date _____