Lower limb immobilisation VTE risk assessment tool and treatment protocol

Place patient label here

Indicate if any of the following present
- Dislocation present (not IP/MTP/PF jts)
- Fracture distal tibia or more proximal
- Fracture any bone requiring surgery
- Rupture quads / patella / Achilles tendon

Ankle or knee movement immobilised (excl cricket splint) or NWB

Indicate the reason for immobilisation
- Stabilise an unstable injury
- Provide significant pain relief
- Enable mobilisation to permit discharge
- If none of these then don’t immobilise / NWB

Splint / brace permits ankle/knee movement or cricket splint + P-FWB allowed

No splint + P-FWB allowed

Is any one of the following VTE risk factors present?
- Previous DVT or PE
- Known thrombophilia
- Oral contraceptive pill or HRT use
- Recent lower limb surgery (incl this episode of care)

Chemical prophylaxis not required

Which of these risk factors present?
- Over 60
- Active cancer / cancer treatment
- Co-morbidities present
- Dehydrated
- Phlebitis
- BMI > 30 kg/m²
- First degree relative with VTE
- Pregnant or < 6/52 post partum

3+ present

0-2 present

Consider

Chemical VTE prophylaxis until mobile
Enoxaparin dose (subcutaneous)

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>eGFR &gt; 30</th>
<th>eGFR &lt; 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>20mg od</td>
<td>20mg od</td>
</tr>
<tr>
<td>50–100</td>
<td>40mg od</td>
<td>20mg od</td>
</tr>
<tr>
<td>100–150</td>
<td>40mg bd</td>
<td>40mg od</td>
</tr>
<tr>
<td>&gt;150</td>
<td>60mg bd</td>
<td>60mg od</td>
</tr>
</tbody>
</table>

None given – state reason: