

RUH

Emergency Department Ambulatory Patients In Lower Limb Plaster Cast Thromboprophylaxis Protocol

Patient Sticker

Date:

Time:

Clinician Name:

Clinician Signature:

1. This protocol applies to patients who are over 16 years with isolated lower limb trauma who need any leg plaster cast and are to be discharged from the ED with fracture clinic follow up

2. Does This Patient Have a Thromboembolic risk? Please tick all that apply

Low Risk = 1 Point PER Tick	Medium Risk = 2 Points PER Tick	High Risk = 3 Points PER Tick
<input type="checkbox"/> Age > 60 years <input type="checkbox"/> Taking Tamoxifen or HRT <input type="checkbox"/> Taking combined oral contraceptive pill <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Major co-morbidity (heart disease/lung disease/gastrointestinal disease)	<input type="checkbox"/> Overweight/BMI >30 kg/m ² <input type="checkbox"/> Unable to walk before injury <input type="checkbox"/> Family history DVT in brother/sister/mother/father <input type="checkbox"/> Abdominal surgery in last 6 weeks	<input type="checkbox"/> Active cancer <input type="checkbox"/> PMH of DVT <input type="checkbox"/> PMH PE <input type="checkbox"/> Pregnant or 6 weeks post partum <input type="checkbox"/> Achilles tendon rupture <input type="checkbox"/> Complex lower limb surgery or fracture in last 6 weeks and advised to have VTE thromboprophylaxis

Score ≥3

Score 1 or 2

Discharge home with advice to keep hydrated and mobilise

3. Are There Any Contraindications/Cautions to Rivaroxaban? Please tick all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> eGFR <10mL/min | <input type="checkbox"/> Haemophilia/bleeding disorder | <input type="checkbox"/> GI bleed in last 6 weeks |
| <input type="checkbox"/> Platelets < 75 | <input type="checkbox"/> Heparin allergy | <input type="checkbox"/> Major trauma in last 6 weeks |
| <input type="checkbox"/> Current use of warfarin/rivaroxaban/dabigatran/apixaban etc | <input type="checkbox"/> Severe hypertension >180/110 | <input type="checkbox"/> Risks outweigh benefits |
| | <input type="checkbox"/> Cerebral bleed in last 6 weeks | <input type="checkbox"/> Weight >150kg |

No contraindication

≥1 contraindication

Turn over for management plan and prescription

Discuss with senior Emergency Department Doctor

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4. Management (tick each box as your documentation)

- Explain symptoms and signs of bleeding, DVT and PE to patient and give patient information leaflet
- Request FBC, U&E and LFT using ED "plaster cast" protocol
- If necessary teach patient to self inject Dalteparin and give them a patient information leaflet
- If necessary refer the patient to district nurse or arrange to return to ED if unable to self inject Dalteparin
- Arrange plaster clinic appointment as follow up

5. Prescription (delete unused lines) - see ED guideline for contraindications

First line—Rivaroxaban

Weight	Drug	Dose	Date	Clinician Name	Signature
N/A	Rivaroxaban	10mg PO OD x10			

Second line—Dalteparin *Dosing in non Pregnant Adults*

< 50 kg	Dalteparin	2,500 units SC OD x10			
50-100 kg	Dalteparin	5,000 units SC OD x10			
100-150 kg	Dalteparin	7,500 units SC OD x10			
>150 kg	Dalteparin	5,000 units SC BD x10			

Second line—Dalteparin *Dosing in Pregnancy*

< 50 kg	Dalteparin	2,500 units SC OD x10			
50-90 kg	Dalteparin	5,000 units SC OD x10			
91-130 kg	Dalteparin	7,500 units SC OD x10			
131-170 kg	Dalteparin	10,000 units SC OD x10			