Belfast Health and Social Care Trust

**Virtual Fracture Clinic Referral** 

caring supporting improving together

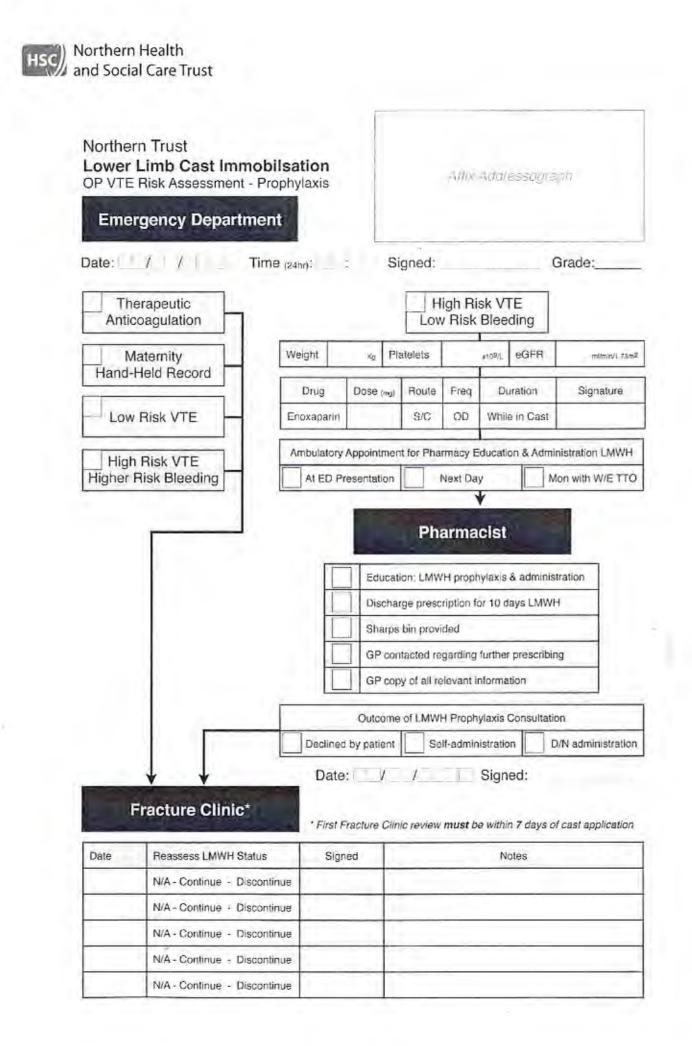
HSC

*** NOT ALL PATIENTS WILL RECEIVE A PHONE CALL *** *** PLEASE INFORM PATIENTS THAT IF THE HOSPITAL NEEDS TO CALL THEM IT WILL BE FROM A WITHHELD NUMBER ***				
M Az M	VH  IIH  AH  IUH  ther	Patient Details Name: DOB: H&C: Telephone No:		
Date of injury: /	/ Date & Time	of ED attendance:/ / :		
Employment:		Dominant hand: Left Right		
Mechanism of injury:				
	Stand Frink	eferrals@BelfastTrust.hscni.net		
ED Patient Discharge Checklist Check X-Ray performed (ESSENTIAL)		Contact details completed above VTE prophylaxis (if appropriate) Interpreter required?		
Analgesia prescribed an				
VFC use only Consultant name:		Date:		
VFC use only		Date:		
VFC use only Consultant name:		Date:		
VFC use only Consultant name:		Date:		

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VTE Risk Assessment - Prophylaxis ED Assessment Follow the arrows to an outcome ✔ Indicates box assessed Thrombosis Risk Factors H<sub>x</sub>/FH<sub>x</sub> VTE Disease Alternative Age > 60 years Care BMI > 30 kg/m2 **Exceptional Case?** Oestrogen OCP/HRT Maternity HHR Pregnant/< 6/52 Post-partum Yes Active Cancer Stroke Care Acute Stroke Surgery (not Minor Ops) Dying Patient End of Life Abdo/Pelvic Condition Therapeutic Anticoagulation Therapeutic Use Acute Illness No Significant Comorbidity Achilles tendon ruptures a Decreased Mobility? (LL Cast) No **Bleeding Risk Factors** H<sub>x</sub> VTE Disease? Active/Potential Bleeding Yes Severe Liver Disease (IPT) Known Bleeding Disorder No Any Thrombosis Risk? Platelets < 75 x 10º/L See Box 1 for Exemples BP > 230(synt) or > 120(des) Yes Neuro/Spinal/Eye Surgery LP/Epidural/Spinal previous 4 hrs Any Bleeding Risk? See Box 2 for Examples LP/Epidural/Spinal next taha 1Bleeding Risk Procedure Bor2 Yes No Bleeding > Thrombosis Risk? Senior Advice in Cases of Difficulty No Yes High Risk VTE Higher Risk Bleeding High Risk VTE Low Risk VTE Low Risk Bleeding Not for LMWH LMWH Early Mobilisation Signed Name Date Time

Prophylactic LMWH Regimen: Subcutaneous Enoxaparin prescribed Once Daily				
Weight (kg)	<50	50-100	>100	>150
Dose (mg)	20	40	80	Consider 0.5mg/kg
eGFR< 30ml/min/1.73m <sup>2</sup>	20	20	40	Consider 0.25mg/kg



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## Advice Sheet Venous Thromboembolism (VTE) Info Sheet

## **Department of Emergency Medicine**

Patients with immobilisation of their legs with a Plaster of Paris, or an Aircast Boot, are at a slightly increased risk of clots forming in the deep veins of the leg.

A risk assessment will be carried out in the Emergency Department to see if you are particularly high risk and might need blood thinning medications to reduce this risk. Be aware that not everyone is suitable for preventative medications, as these increase your bleeding risk.

You should be on the lookout for some common signs and symptoms of clots in the legs, particularly while your limb is immobilised.

## These include:

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- Redness of the skin
- Increased swelling
- Increased pain in the limb
- New/severe shortness of breath or chest pain

Ways you can help to prevent clots include:

- Not smoking
- · Eating a healthy, balanced diet
- Taking regular exercise
- Maintaining a healthy weight or losing weight if you are obese
- · Keeping well hydrated.

If you develop any problems that suggest VTE, it is important that you are seen by healthcare staff and evaluated.

## This can be done at:

- Emergency Department
- General Practice
- Fracture Clinic (if you have already been seen at clinic)