**ACUTE CARE AT HOME Prescription form**

**Prevent Admission/Facilitate Early Discharge**

Delete one that does not apply)

**\*Completion by Prescriber**

**Sheet No 1**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patients Name**  **Address**      **Date of Birth**  **NHS Number** | | | **Diagnosis/Indication** | | | | | | **Prescriber’s practice and code**  Tel  Address    Code |
| **Allergies** | | | | | |
| **Date** | **Drug Name**  **Including Flushes**  **and diluents** | **Dosage/**  **Strength** | **Route** | **Directions** | **Frequency** | **Review**  **Date** | **Number**  **of Days Supply** | **Prescriber’s Name & Signature** | |
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**\*Completion by person administering (AC@H)**

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| **Date** | **Time** | **Drug (including diluents and Flushes)** | **Dose** | **Batch No** | **Expiry date** | **Treatment Day**  **… of….** | **Signature of person administering** | **Signature of person Checking** (if applicable) | **Date Discontinued** |
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**Medical Practitioner:-please complete this form and e-mail to** [**cpn-tr.acah-west@nhs.net**](mailto:cpn-tr.acah-west@nhs.net) **The Acute Care at Home team. This is a two sided form.**

Address Label

## Venous Thromboembolism Risk Assessment ACAH West

1. **Does the patient have significantly reduced mobility relative to their normal state?**

**NO** No further risk assessment or prophylaxis required. Go to section 5. Tick no treatment, sign & date.

**YES** Continue to question 2.

1. **Is the patient already on an anticoagulant and if on Warfarin INR > 2?**

**YES** Prophylaxis not indicated. Go to section 5. Tick no treatment, sign and date.

**NO** Go to section 3.

1. **Does the patient have reduced mobility relative to their normal state and at least one VTE risk factor listed below?**

Age > 60 years

Significantly reduced mobility for 3 days or more

Serious infection / sepsis

Active cancer / treatment

One or more significant medical co-morbidities

Obesity (BMI ≥ 30)

Dehydration

Previous VTE – personal or first degree relative

HRT / Oral Contraceptive

Recent major or orthopaedic surgery / hip fracture

Acute or chronic inflammatory bowel disease

Thrombophilia

Varicose veins with phlebitis

**NO Prophylaxis not indicated. Go to section 5. Tick no treatment, sign and date.**

**YES Prophylaxis indicated. Go to section 4.**

1. **Does the patient have at least one bleeding risk / exclusion?**

Active bleeding / other major bleed risk

Thrombocytopenia (platelets < 75) / bleeding disorders

Hypersensitivity to any form of heparin

Acute or sub-acute septic endocarditis

Severe liver disease / varices (prothrombin time above normal)

Acute stroke (haemorrhagic) in previous month

Uncontrolled systolic hypertension (230 / 120mmHg or higher)

Recent neurosurgery / spinal injury / eye surgery

Limited prognosis / approaching end of life

Other, please clarify: 

**YES Prophylaxis not indicated. Go to section 5. Tick no treatment, sign and date.**

**NO Prescribe subcutaneous Dalteparin 5000 units daily or if eGFR < 30 Enoxaparin 20mg**

**daily on ACAH prescription. Go to section 5.**

1. **Outcome**

**Dalteparin 5000 units s/c od  Enoxaparin 20mg s/c od  No treatment required**

**Doctor’s Signature:**  **Date:** 