**ACUTE CARE AT HOME Prescription form**

**Prevent Admission/Facilitate Early Discharge**

Delete one that does not apply)

**\*Completion by Prescriber**

**Sheet No 1**

|  |  |  |
| --- | --- | --- |
| **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** **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:** 