

Expanse Tip Sheet - VTE Risk Assessment

Purpose

This guide provides an overview of how to complete VTE Risk Assessment documentation, and associated orders.

When Does this Apply?

This applies to all clinical scenarios where a patient requires a VTE Risk Assessment, and associated actions, completed during their visit.

For a complete VTE Risk Assessment, the patient requires review of their **mobility and thrombosis risk** and **bleeding risk**. Mobility and thrombosis risk can be completed by either nursing colleagues, or doctors. Bleeding risk must be completed by doctors, per organisational policy.

Associated orders must also be completed to ensure the assessment is appropriately actioned.

The order for an anti-embolism device assessment, can be completed by either nursing colleagues, or doctors.

Medication orders for anticoagulation, must be generated by a doctor.

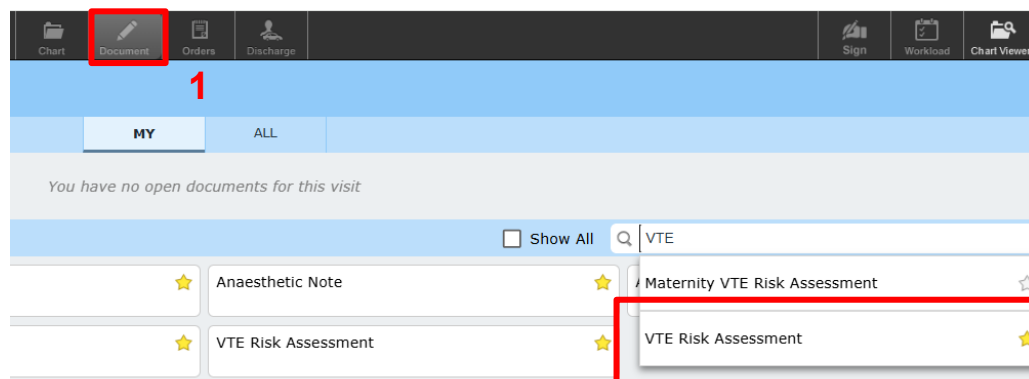
This guide covers:

1. Completing VTE Risk Assessment documentation
2. Completing associated orders, following the VTE Risk Assessment
 - Anti-embolism device assessment (containing the device which should be applied)
 - Anticoagulation medication orders for VTE prophylaxis.

Version Control

Version	Date	Author	Reviewed by
1.0	13/11/25	Dr E Dhillon, Medical Services	Dr M Weston – OM Dr M Garfield – Med Services

PART ONE: Completing VTE Risk Assessment Documentation



1. Navigate to '**Document**' after you have selected your patient.

2. Search for '**VTE Risk Assessment**' in the document template library.

If you will do this frequently, **favourite your document** by clicking the star until it turns yellow

Click on the document to open the template.

The screenshot shows the top navigation bar of the VTE Risk Assessment form. The 'Recall' button is highlighted with a red box, and a red arrow points to it with the number 3. The form title is 'VTE Risk Assessment' and it lists 'Principal Resident Doctor Template Contributors'.

3. Before you begin, you have the option to use the **Recall** function.

This allows you to populate the document with any responses already completed by nursing colleagues.

You can amend the responses once applied to your document.

The screenshot shows the 'Recall' function applied to the form. A red box highlights the 'Recall' button, and a red arrow points to it with the number 3. The form displays a list of previous assessments with checkboxes for 'Timing of VTE Assessment', 'Step 1 Mobility', 'Step 2 Thrombosis Risk', 'Step 3 Bleeding Risk', 'Stockings/Sequential Compression Devices', and 'VTE Assessment Completed'.

4. You also have the option to use the **View Previous** function.

This allows you to view previous responses to this document, if it has been completed in the past.

You can see who completed it and select through and review those responses.

If you want to apply the same responses, in scenarios where the clinical information is unchanged, you can select the boxes you want to apply to your document, and select **Apply**.

The screenshot shows the 'View Previous' function applied to the form. A red box highlights the 'View Previous' button, and a red arrow points to it with the number 4. The form displays a list of previous assessments with checkboxes for 'Timing of VTE Assessment', 'Step 1 Mobility', 'Step 2 Thrombosis Risk', 'Step 3 Bleeding Risk', 'Stockings/Sequential Compression Devices', and 'VTE Assessment Completed'.

5. Complete each section of the document.

The timing of the assessment is a mandatory field.

Complete Steps 1 – 3 to ensure a safe and accurate VTE risk assessment.

5

The screenshot shows the 'Add Content' button highlighted with a red box, and a red arrow points to it with the number 5. The form displays a list of sections: 'Instructions', 'VTE Nursing Intervention', 'Timing of VTE Assessment', 'Step 1 Mobility', 'Step 2 Thrombosis Risk', 'Step 3 Bleeding Risk', 'Stockings/Sequential Compression Devices', and 'VTE Assessment Completed'.

Bleeding risk - admission related

neurosurgery, spinal surgery or eye surgery ☐ other procedure with high bleeding risk ☐ lumbar puncture/epidural/spinal anaes performed within the prev 4hrs ☐ none of the above ☒

6

Stockings/Sequential Compression Devices

7

Yes ☐ No ☒

AES contraindication(s)

suspected or proven peripheral artery disease ☐ peripheral artery bypass grafting ☐ peripheral neuropathy or sensory impairment ☐ severe leg oedema, pulmonary oedema, cardiac failure ☐

leg conditions worsened by stockings ☐ allergy to stocking fabric ☐ limb deformity preventing correct fit ☐ acute stroke ☐

Extra information on contraindications can include: dermatitis, cellulitis, recent skin graft, fragile skin.

Device applied

anti-embolism stockings ☒ sequential compression device (SCD) ☐

Apply SCDs to

right leg ☐ left leg ☐ both ☐

Apply stockings to

right leg ☐ left leg ☐ both ☒

7

8

* VTE thrombosis and bleeding risk assessment completed

Yes ☐ No ☒

9

VTE Risk Assessment

Principal Resident Doctor Template Contributors

VTE Risk Assessment

Preview Recall View Previous Save Sign

9

6.To add a comment or note to one of the options, select the comment box, and freetext additional comments

7.At the **Stockings/Sequential Compression Devices** ensure you **select the device you want applied**. Select if it applies to both legs, or which one.

Your response will trigger the appropriate nursing intervention for the nurses' worklist.

8.In the final section, respond to the query **VTE Thrombosis and bleeding risk assessment completed** by ticking either **Yes** or **No**.

9. Once the VTE Risk Assessment is complete, scroll to the top, click **Sign**, enter the **PIN** when prompted, and press **Enter**. Your signed document will be visible under Provider Notes.

PART TWO:

a) Completing the Anti-embolism Device Assessment Order

VTE Risk Assessment

Principal Resident Doctor Template Contributors

VTE Risk Assessment

Suggested Orders

Anti-embolism device assessment

Order Now

Trigger Device applied

Answer anti-embolism stockings

Reason Contains Response anti-embolism stockings

Section VTE Risk Assessment

History

Prior Status	New Status	User	Date/Time	Trigger(s)
Triggered	Ordered	ACV911	04/07/25 11:54	VTE Risk Assessment: Device applied: anti-embolism stockings
Triggered	Ordered	ACV1070	19/09/25 09:13	VTE Risk Assessment: Device applied: anti-embolism stockings
Triggered	Ordered	ACV8459	28/10/25 16:33	VTE Risk Assessment: Device applied: anti-embolism stockings
Triggered	Ordered	ACV8459	13/11/25 21:21	VTE Risk Assessment: Device applied: anti-embolism stockings
Triggered	Ordered	ACV8459	13/11/25 22:11	VTE Risk Assessment: Device applied: anti-embolism stockings

Order Summary

ENTER

SAVE

ORDERS

Anti-embolism device assessment EVERY MORNING

DATE 13/11/25 22:21

STATUS New

X ALL

X

10

11

After signing your document, you will notice that you are automatically directed to the **Suggested Orders**

10. Proceed to order the "**Anti-embolism device assessment**" intervention for the nursing staff to complete. The action will be pre-selected as **Order Now**.

The device you assessed the patient as needing, is detailed under the field '**Answer**'

The **History** of previous responses to this for this visit are detailed under History.

Select **Save**.
Submit and **Save with your PIN**

**b) Anticoagulation Medication Orders for VTE prophylaxis
(if clinically indicated following your assessment)**

The screenshot shows the 'Orders' page in a clinical system. The 'Orders' tab is selected (12). The 'Add New' button is highlighted (13). The 'Clinical Indication' dropdown menu is open, showing options like 'VTE Prevention - HaemoD/F' (14). The 'SUBMIT' button is highlighted (15). The medication order for enoxaparin is displayed at the bottom.

14/11/25 18:00	enoxaparin 40 mg SUBCUT OD PM SCH Trade: Clexane 40 mg / 0.4 mL PFS Rx#: T00019738 M L ST	18:00
Unverified Acknowledged		

12. Navigate to **Orders**, review **Current** active Medication Orders.

13. Select **Add New** on the **ENTER** Orders page. Search for the medication you want to prescribe.

14. Ensure you have selected the correct indication when prescribing for VTE prophylaxis.

15. Review your order for dose and start time. **Submit** and **Save** with your PIN

Your active medication order will now be visible on the MAR,

END