

DVT RISK ASSESSMENT

DATE: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

Directions:

1. Check all the statements that apply to you
2. Enter the number of points for each of your checked statements in the space at the right
3. Add up all your points to reach your total Caprini DVT Risk Score

Add 1 point for each of the following statements that apply now or within the past month:	
Age 41-60	
Minor surgery (less than 45 minutes) within the last month	
Visible varicose veins	
History of inflammatory Bowel Disease (IBD) ex: Crohn's disease, ulcerative colitis	
Swollen legs (current)	
Overweight or obese (BMI above 25)	
Heart attack	
Congestive heart failure	
Serious infection. (Ex: pneumonia)	
Lung disease: (Ex: Emphysema, COPD)	
Bed rest or restricted mobility, including a removable leg brace for less than 72 hours	
Other risk factors: BMI over 40 Smoking Diabetes requiring insulin Chemotherapy Blood transfusions Surgery within last month (2 hours or more)	
FOR WOMEN ONLY:	
Add 1 point for each of the following statements that apply:	
Current use of birth control or Hormone Replacement Therapy (HRT)	
Pregnant or had a baby within the last month	
History of unexplained stillborn infant, recurrent spontaneous abortion (more than 3), premature birth with toxemia or growth restricted infant	

Add 2 points for each of the following statements that apply:	
Age 61-74 years	
Current or past malignancies (ex: skin cancer but not melanoma)	
Planned major surgery lasting longer than 45 minutes (including laparoscopic and arthroscopic)	
Non-removable plaster cast or mold that has kept you from moving your leg within last month	
Tube in vessel in neck or chest that delivers blood or medicine directly to heart within the last month (Central venous access, PICC line or port)	
Confined to a bed for 72 hours or more	
Add 3 points for each of the following statements that apply:	
Age 75 or over	
History of blood clots, either Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)	
Family history of blood clots (thrombosis)	
Personal or family history of positive blood test indicating an increased risk of blood clotting	
Add 5 points for each of the following statements that apply now or within the past month:	
Elective hip or knee joint replacement surgery	
Broken hip, pelvis or leg	
Serious trauma (Ex: multiple broken bones due to fall or car accident)	
Spinal cord injury resulting in paralysis	
Experienced a stroke	

Add up all your points to get your Caprini DVT Risk Score:	
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