

Caprini risk assessment model for venous thromboembolism

Complete the risk assessment to determine your patients' risk level for venous thromboembolism (VTE).

1 point per risk factor	2 points per risk factor	3 points per risk factor	5 points per risk factor
<input type="checkbox"/> Age 41–60 years <input type="checkbox"/> Minor surgery <input type="checkbox"/> BMI >25 kg/m ² <input type="checkbox"/> Swollen legs <input type="checkbox"/> Varicose veins <input type="checkbox"/> Pregnancy or postpartum <input type="checkbox"/> History of unexplained or recurrent spontaneous abortion <input type="checkbox"/> Oral contraceptives or hormone replacement <input type="checkbox"/> Sepsis (<1 month) <input type="checkbox"/> Serious lung disease, including pneumonia (<1 month) <input type="checkbox"/> Abnormal pulmonary function <input type="checkbox"/> Acute myocardial infarction <input type="checkbox"/> Congestive heart failure (<1 month) <input type="checkbox"/> History of inflammatory bowel disease <input type="checkbox"/> Medical patient at bed rest <input type="checkbox"/> Other risk factors: _____ _____ _____	<input type="checkbox"/> Age 61–74 years <input type="checkbox"/> Arthroscopic surgery <input type="checkbox"/> Major open surgery (>45 minutes) <input type="checkbox"/> Laparoscopic surgery (>45 minutes) <input type="checkbox"/> Malignancy <input type="checkbox"/> Confined to bed (>72 hours) <input type="checkbox"/> Immobilizing plaster cast <input type="checkbox"/> Central venous access	<input type="checkbox"/> Age ≥75 years <input type="checkbox"/> History of VTE <input type="checkbox"/> Family history of VTE <input type="checkbox"/> Factor V Leiden <input type="checkbox"/> Prothrombin 20210A <input type="checkbox"/> Lupus anticoagulant <input type="checkbox"/> Anticardiolipin antibodies <input type="checkbox"/> Elevated serum homocysteine <input type="checkbox"/> Heparin-induced thrombocytopenia <input type="checkbox"/> Other congenital or acquired thrombophilia If yes: Type _____ _____ _____ _____	<input type="checkbox"/> Stroke (<1 month) <input type="checkbox"/> Elective arthroplasty <input type="checkbox"/> Hip, pelvis or leg fracture <input type="checkbox"/> Acute spinal cord injury (<1 month)
Subtotal: _____	Subtotal: _____	Subtotal: _____	Subtotal: _____
TOTAL RISK FACTOR SCORE: _____			

Adapted from Gould MK, et al.

BMI=body mass index.

Recommended intervention for thromboprophylaxis based on risk of VTE

Applies to general and abdominal-pelvic nonorthopedic surgical patients, including those undergoing GI, urological, gynecologic, bariatric, vascular, and plastic and reconstructive surgery

Caprini score	VTE risk category	Average bleeding risk (~1%)	High bleeding risk (~2%) or severe consequences
0	Very low risk (<0.5%)	No specific pharmacologic (Grade 1B) or mechanical (Grade 2C) prophylaxis be used other than early ambulation	
1-2	Low risk (~1.5%)	Mechanical prophylaxis, preferably with IPC (Grade 2C)	
3-4	Moderate risk (~3%)	LMWH (Grade 2B), LDUH (Grade 2B) or mechanical prophylaxis with IPC (Grade 2C)	Mechanical prophylaxis, preferably with IPC (Grade 2C)
≥5	High risk (~6%)	LMWH (Grade 1B) or LDUH (Grade 1B) plus mechanical prophylaxis with ES or IPC (Grade 2C)	Mechanical prophylaxis, preferably with IPC, until the risk of bleeding diminishes and pharmacologic prophylaxis may be initiated (Grade 2C)
	High risk Cancer surgery (abdominal or pelvic)	LMWH (Grade 1B) or LDUH (Grade 1B) plus mechanical prophylaxis with ES or IPC (Grade 2C) Extended-duration prophylaxis (4 weeks) with LMWH postdischarge (Grade 1B)	
	High risk LMWH and LDUH contraindicated	Fondaparinux (Grade 2C) or low-dose aspirin (160 mg) (Grade 2C); mechanical prophylaxis, preferably with IPC (Grade 2C); or both	

Adapted from Gould MK, et al.

IPC=intermittent pneumatic compression; LMWH=low-molecular-weight heparin; LDUH=low-dose unfractionated heparin; ES=elastic stockings.

Reference: Gould MK, et al. Prevention of VTE in nonorthopedic surgical patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *Chest* 2012;141(2 Suppl):e227S-77S.

Please note that the recommendations contained within these documents must be viewed as general guidelines based on current knowledge. Their application must be adapted to individual patients. Thrombosis Canada assumes no responsibility or liability arising from any error or omission or from the use of any information contained herein.

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