

Caprini Risk Assessment Score

Add 1 point for each of the following statements that apply now or within the past month:	Add 2 points for each of the following statements that apply:
<input type="checkbox"/> Age 41-60 years _____ <input type="checkbox"/> Minor surgery (less than 45 minutes) is planned _____ <input type="checkbox"/> Past major surgery (more than 45 minutes) within the last month _____ <input type="checkbox"/> Visible varicose veins _____ <input type="checkbox"/> A history of Inflammable Bowel Disease (IBD) (for example, Crohn's disease or ulcerative colitis) _____ <input type="checkbox"/> Swollen legs (current) _____ <input type="checkbox"/> Overweight or obese (Body Mass Index above 25) _____ <input type="checkbox"/> Heart attack _____ <input type="checkbox"/> Congestive heart failure _____ <input type="checkbox"/> Serious infection (for example, pneumonia) _____ <input type="checkbox"/> Lung disease (for example, emphysema or COPD) _____ <input type="checkbox"/> On bed rest or restricted mobility, including a removable leg brace for less than 72 hours _____ <input type="checkbox"/> Other risk factors (1 point each)*** _____	<input type="checkbox"/> Age 61-74 years _____ <input type="checkbox"/> Current or past malignancies (excluding skin cancer, but not melanoma) _____ <input type="checkbox"/> Planned major surgery lasting longer than 45 minutes (including laparoscopic and arthroscopic) _____ <input type="checkbox"/> Non-removable plaster cast or mold that has kept you from moving your leg within the last month _____ <input type="checkbox"/> Tube in blood vessel in neck or chest that delivers blood or medicine directly to heart within the last month (also called central venous access, PICC line or port) _____ <input type="checkbox"/> Confined to a bed for 72 hours or more _____
Add 3 points for each of the following statements that apply:	
<input type="checkbox"/> Age 75 or older _____ <input type="checkbox"/> History of blood clots, either Deep Vein Thrombosis (DVT), or Pulmonary Embolism (PE) _____ <input type="checkbox"/> Family history of blood clots (thrombosis) _____ <input type="checkbox"/> Personal or family history of positive blood testing indicating an increased risk of blood clotting _____	
Add 5 points for each of the following statements that apply:	
Add 1 point for each of the following statements that apply:	<input type="checkbox"/> Elective hip or knee joint replacement surgery _____ <input type="checkbox"/> Broken hip, pelvis or leg _____ <input type="checkbox"/> Serious trauma (for example, multiple broken bones due to a fall or car accident) _____ <input type="checkbox"/> Spinal cord injury resulting in paralysis _____ <input type="checkbox"/> Experienced a stroke _____
<p>***Additional risk factors not tested in validation studies but shown in the literature to be associated with thrombosis include BMI above 40, smoking, diabetes requiring insulin, chemotherapy, blood transfusions, and length of surgery over 2 hours.</p>	

L-TriP(cast) Score Based On The Clinical Risk Prediction Model

Environmental Predictor Variable	Point Variable
Age ≥ 35 and < 55 y	2
Age ≥ 55 y	3
Male sex	1
Current use of oral contraceptives	4
Cancer within the past 5 y	3
Pregnancy or puerperium	3
BMI ≥ 25 and < 35 kg/m ²	1
BMI $35 \geq$ kg/m ²	2
Pneumonia	3
Family history of VTE (first-degree relative)	2
Comorbidity (rheumatoid arthritis, chronic kidney disease, COPD, multiple sclerosis)	1
Hospital admission within the past 3 mo	2
Bedridden within the past 3 mo	2
Surgery within the past 3 mo	2
Superficial vein thrombosis	3
Plaster cast: lower leg	4

Nemeth B, Adrichem RA, Hylckama VA, Bucciarelli P, Martinelli I, Baglin T, et al. Venous thrombosis risk after cast immobilization of the lower extremity: derivation and validation of a clinical prediction score, L-TRiP (cast), in three population-based case-control studies. PLoS Med 2015 Nov 10:e1001899.

