THROMBOEMBOLISM CHECK LIST FOR ANTENATAL OR POST-NATAL HOME VISITS (2015):

1. **General well-being**	Y	N
a) Patient is not ambulating?	☐	☐
b) Patient not drinking well?	☐	☐
c) Does the patient look dehydrated?	☐	☐
d) Does the patient have fever?	☐	☐

2) **Signs & symptoms' of DVT**	Y	N
a) Leg swelling (usually unilateral)?	☐	☐
b) Calf pain (even at rest)?	☐	☐
c) Redness of calf?	☐	☐
d) Feeling unwell (unable to mobilize)?	☐	☐
e) Non pitting swelling?	☐	☐
f) Increased warmth of the limb?	☐	☐
g) Reduced capillary filling?	☐	☐

3) **Signs & symptoms' of pulmonary embolism**	Y	N
a) Any shortness of breath?	☐	☐
b) Any chest pain (more during breathing)?	☐	☐
c) Coughing (dry or blood stained)?	☐	☐
d) Is her pulse rate >100?	☐	☐
e) Is her respiratory rate >24?	☐	☐

f) Does she have cyanosis? ☐ ☐

g) Is she unconscious? ☐ ☐

Please note:

- If there is a **'Y'** answer to any of the question above, please refer immediately to the nearest clinic or hospital for review by a doctor.
- Please advise patients to ambulate, drink adequately and to seek medical treatment if feeling unwell during every home visit
- Please ensure if the patient is compliant to the medication or injections being prescribed

Assessed by:

Name: …….. Signature: …….. Date: ……