

**Rush Hemophilia & Thrombophilia Center**  
**Thrombophilia Education**

**Patient name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

REVIEWED	TOPIC
<b>LABORATORY TEST RESULTS</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	Laboratory test results <input type="checkbox"/> normal <input type="checkbox"/> thrombophilia
<input type="checkbox"/> yes <input type="checkbox"/> no	Disease specific information and education
<input type="checkbox"/> yes <input type="checkbox"/> no	Written information regarding the specific thrombophilia provided
<b>SIGNS AND SYMPTOMS OF THROMBOEMBOLISM</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	Deep vein thrombosis (DVT)
<input type="checkbox"/> yes <input type="checkbox"/> no	Pulmonary embolism (PE)
<input type="checkbox"/> yes <input type="checkbox"/> no	Myocardial infarction
<input type="checkbox"/> yes <input type="checkbox"/> no	Stroke
<input type="checkbox"/> yes <input type="checkbox"/> no	Written information on signs & symptoms and provided
<b>RISK REDUCTION EDUCATION</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	Risk reduction reviewed (exercise, diet, OCPs, travel, surgery, illness)
<b>POSSIBLE CAUSES FOR FETAL DEMISE</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	Role of anatomic uterine abnormalities, endocrine disorders, immune dysfunction and thrombotic disorders in reproductive failure and fetal loss
<b>OPTIONS AVAILABLE FOR THROMBOPROPHYLAXIS</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	The use of anti-thrombotic agents as adjunctive measures to other more traditional interventions for fetal/placental protection
<input type="checkbox"/> yes <input type="checkbox"/> no	Low dose aspirin (81 mg daily)
<input type="checkbox"/> yes <input type="checkbox"/> no	Heparin <input type="checkbox"/> unfractionated, <input type="checkbox"/> LMW, <input type="checkbox"/> Tums, <input type="checkbox"/> benzyl alcohol
<input type="checkbox"/> yes <input type="checkbox"/> no	Intravenous immunoglobulin
<input type="checkbox"/> yes <input type="checkbox"/> no	Vitamin therapy <input type="checkbox"/> Foltx <input type="checkbox"/> Niaspan
<input type="checkbox"/> yes <input type="checkbox"/> no	Explanation of the indications, risks, benefits, costs and alternatives to the use of each of these agents.
<input type="checkbox"/> yes <input type="checkbox"/> no	Emphasize that these anti-thrombotic therapies are not being proposed as a form of maternal thromboprophylaxis as the patient's personal risk for DVT, PE, myocardial infarction, or stroke is low and would not warrant this type of intervention. Rather, anti-thrombotic therapy is being suggested on an empiric basis in an effort to reduce the likelihood of placental insufficiency and subsequent fetal complications or demise.
<b>MEDICATION EDUCATION</b>	
<input type="checkbox"/> yes <input type="checkbox"/> no	Medication education including written material provided
<input type="checkbox"/> yes <input type="checkbox"/> no	Medication dosing recommendations
<input type="checkbox"/> yes <input type="checkbox"/> no	Monitoring schedule for medications
<input type="checkbox"/> yes <input type="checkbox"/> no	Adverse effects
<input type="checkbox"/> yes <input type="checkbox"/> no	Precautions <input type="checkbox"/> exercise <input type="checkbox"/> sports <input type="checkbox"/> travel
<input type="checkbox"/> yes <input type="checkbox"/> no	Possible complications and emergency situations
<input type="checkbox"/> yes <input type="checkbox"/> no	Instructed the patient to call 911 or proceed to the closest emergency department if an urgent or life-threatening situation develops
<input type="checkbox"/> yes <input type="checkbox"/> no	Review communication procedures and instruct the patient to contact Dr Valentino or Audrey Taylor, BSN, Melissa Keller, BSN, John Urgo, BSN, or Maggie Ballarin, BSN, MSN with any questions or concerns and Mia Thomas for appointments.

Provider printed name and signature

Date

*Please use the back side of this form for any comments or notes*

**Rush Hemophilia & Thrombophilia Center**  
**Thrombophilia Education**

*Sign and date any notes made*