

## COVID-19: Anticoagulation and Venous Thromboembolism Chemoprophylaxis Management

**PURPOSE:** To reduce the risk of venous thromboembolism (VTE) by providing appropriate means of chemical prophylaxis in appropriate (non-surgical, nonpregnant) patients.\*

\*Postoperative surgical patients should continue to be treated with appropriate VTE prophylaxis according to standard guidelines, regardless of COVID-19 status.

## **CLINICAL GUIDELINE**:

- Pre-hospitalization anticoagulation can be continued for non-ICU cases
  - If concern patient may decompensate or need a procedure, consider change to low molecular weight heparin (LMWH)/unfractionated heparin (UFH) at appropriate therapeutic or prophylactic doses (based on individual indication for anticoagulation and clinical condition)
- Standard prophylactic anticoagulation should be used for hospitalized patients without hypoxemia and without confirmed or suspected VTE\*
  - ➢ Use the COVID-19 inpatient order set
- Consider empiric therapeutic anticoagulation with UFH or LMWH in hospitalized non-ICU-level COVID-19 patients with ALL of the following:
  - low-flow oxygen <u>AND</u> elevated D-dimer above upper limit of normal <u>AND</u> no increased bleeding risk
  - Contraindications: platelet count<50x10<sup>9</sup>/L, hemoglobin <8 g/dL, need for dual antiplatelet therapy, known bleeding in past 30 days requiring ER visit or hospitalization, known bleeding disorder.</p>
  - Heparin and low-molecular-weight heparin should be used for 14 days or hospital discharge, whichever comes first
  - > Do not use therapeutic-dose oral anticoagulants (e.g. DOAC or warfarin)
  - Patients who are unable to receive therapeutic anticoagulation should receive standard prophylactic anticoagulation
- Standard prophylactic anticoagulation should be used for hospitalized patients requiring high-flow nasal cannula or ICU-level care who do not have confirmed or suspected VTE\*
  - Use the COVID-19 inpatient order set
- Post-discharge VTE prophylaxis is <u>not</u> recommended unless confirmed VTE or another indication for anticoagulation



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