

REDUCING THE RISK OF VENOUS THROMBOEMBOLISM IN ADULT PATIENTS ADMITTED WITH SUSPECTED OR CONFIRMED COVID-19

Enhanced (rather than 'standard') thromboprophylaxis dosing is recommended here as it may reduce the risk of VTE in patients with COVID-19 infection

Pharmacological thromboprophylaxis should be given to all patients admitted with COVID-19 unless otherwise contraindicated

YES **CONFIRM:** No Contraindications and **CONFIRM:** Platelet count $\geq 30 \times 10^9/L$ **NO**

Enoxaparin
If $CrCl < 15$ ml/min, consult Renal Team

Intermittent Pneumatic Compression

History of HIT? Use Fondaparinux (discuss with Haematology)

	Weight (Kg)					
	< 50	51-75	76-100	101-125	126-150	≥ 151
$CrCl \geq 30$ ml/min	Enoxaparin 20mg BD	Enoxaparin 40mg BD	Enoxaparin 60mg BD	Enoxaparin 80mg BD	Enoxaparin 100mg BD	Enoxaparin 120mg BD
$CrCl$ 15- 29 ml/min	Enoxaparin 20mg <u>OD</u>	Enoxaparin 20mg BD	Enoxaparin 20mg BD	Enoxaparin 40mg BD	Enoxaparin 40mg BD	Enoxaparin 40mg BD
$CrCl < 15$ ml/min	Consult Renal Team (via switchboard) for advice					

Enoxaparin / Fondaparinux are administered **SUBCUTANEOUSLY**

CrCl: Creatinine Clearance ([Cockcroft Gault calculation](#)) **HIT:** Heparin induced thrombocytopenia **TP:** Thromboprophylaxis

Contraindication to pharmacological thromboprophylaxis

Active bleeding or at high risk of bleeding (including recent major trauma or known peptic ulcer)	For any patient with a known bleeding disorder – discuss <u>immediately</u> with haematology for advice
Lumbar puncture or epidural within the past 6h or due in the next 24h or recent surgery to the nervous system or eye	Concurrent use of full dose oral anticoagulation (consider converting to therapeutic Enoxaparin/UFH)
Cerebral haemorrhage within past 28 days	Acute bacterial endocarditis
Thrombocytopenia: platelet count $< 30 \times 10^9 /L$	For pregnant women of <u>any</u> gestation, discuss <u>immediately</u> with <u>Consultant Obstetrician</u> for advice (Ext 42686 Mon-Fri 8.30am-8.30pm, via switchboard OOH) before prescribing 'enhanced thromboprophylaxis'
Systolic BP > 180 mmHg or Diastolic BP > 100 mmHg	

Thromboprophylaxis should be reviewed regularly and adjusted according to clinical situation, balancing risk of bleeding against risk of thrombosis. If COVID-19 excluded use standard thromboprophylaxis dosing.

COVID-19 pandemic. The decisions to increase thromboprophylaxis dosing took place in response to increasing evidence that patients with COVID-19 infection are at high risk of VTE. Increased thromboprophylaxis dosing as recommended here is not licensed. There are randomised controlled trials in progress across Europe and North America to assess the risk/benefit of this intervention. This document is under weekly review and is therefore subject to change as more evidence emerges.