Anticoagulation in COVID-19 at BMC

Standard Risk

- Admission with symptomatic COVID
- No clinical evidence or concern for VTE/clotting and no other indication for anticoagulation.
- No bleeding or profound thrombocytopenia or coagulopathy with platelets < 25K or fibrinogen <0.5

CrCL ≥ 30mL/min →

Standard Intensity Enoxaparin Prophylaxis
- 40 mg once daily for BMI ≤40 and weight <120kg
- 40 mg twice daily for BMI >40 or weight >120kg

CrCL < 30mL/min →

Unfractionated SQ Heparin Prophylaxis
- 5,000 units three times daily for BMI ≤40 and weight <120kg
- 7,500 units three times daily for BMI >40 or weight >120kg

Intermediate Risk

- Limited data to guide use above standard intensity prophylaxis – consider participation in COVID related anticoagulation trial
- Alternatively may consider in critically ill or ICU patients such as moderate to severe disease severity (i.e. PaO2/FiO2 ≤300, SIC score ≥4, higher SOFA score)
- Acceptable bleeding risk

CrCL ≥ 30mL/min →

Increased Intensity Enoxaparin Prophylaxis
- 0.5 mg/kg twice daily (with maximum dose of 70 mg twice daily for >130 kg)

CrCL < 30mL/min →

Unfractionated Heparin Infusion
(No Bolus and Low aPTT Goal 45-65)
- No bolus but infusion of 8 U/kg/hr

High Risk/Full AC

- Confirmed VTE
- Established reason for therapeutic AC (Afib, prosthetic valve, etc.)**
- HD/CVVHD with clotting of dialysis tubing or lines resulting in repeated interruptions of therapy
- High clinical concern for DVT/PE but unstable/ otherwise unable to undergo confirmatory testing

** May continue prior anticoagulation regimen if deemed appropriate

CrCL ≥ 30mL/min →

Full Anticoagulation with Enoxaparin
- 1 mg/kg twice daily

CrCL < 30mL/min →

Unfractionated Heparin Infusion
(Bolus and Standard aPTT Goal 55-90)
- If not on anticoagulation, 80 units/kg bolus then infusion of 18 units/kg/hr for BMI <30 or 15 units/kg/hr for BMI >30
- If transitioning anticoagulation regimens consider consulting pharmacy for adjustment dosing
- Consider **anti-Xa level** if poor response to treatment or additional thrombosis suspected

Limited data to guide use but may consider extended prophylaxis for 4 weeks upon discharge in selected patient based upon risk (potential agent such as rivaroxaban 10 mg once daily)