Anticoagulation in COVID-19 at BMC

Standard Risk

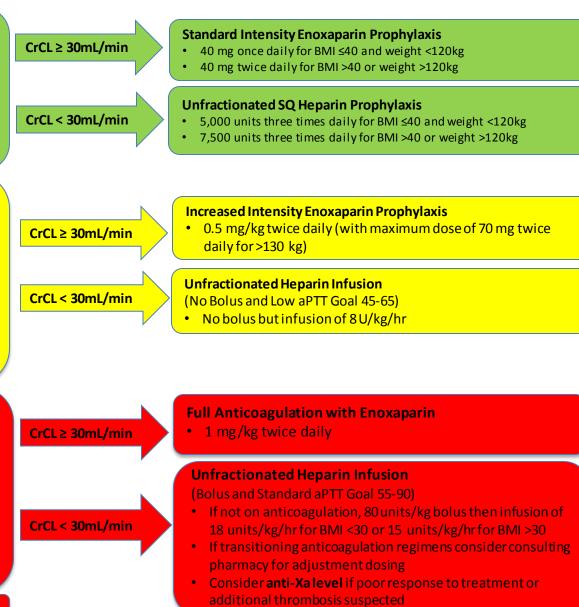
- Admission with symptomatic COVID
- No clinical evidence or concern for VTE/clotting and no other indication for anticoagulation.
- No bleeding or profound thrombocytopenia or coagulopathy with platelets < 25K or fibrinogen <0.5

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

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



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)