

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

- All patients admitted with suspected or confirmed COVID-19 should receive thromboprophylaxis (TP)
- If there are contraindications to pharmacological TP (see 'A'), intermittent pneumatic compression (IPC) devices should be used
- TP should be continued for the duration of inpatient stay

Addressograph

Patients Weight:.....Kg

A: Contraindication to pharmacological thromboprophylaxis? (tick if present)

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 immediately with haematology for advice
Lumbar puncture or epidural anaesthesia 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 (<i>consider converting to therapeutic Enoxaparin/UFH</i>)
Cerebral haemorrhage within past 28 days	Acute bacterial endocarditis
Thrombocytopenia: platelet count < 30 x 10 ⁹ /L	For pregnant women of any gestation, discuss immediately with Cons. Obstetrician for advice (Ext 42686 Mon-Fri 8.30am-8.30pm, via switchboard OOH) before prescribing
Systolic BP > 180mmHg or Diastolic BP > 100mmHg	

B: Choice of thromboprophylaxis

- For patients with a [calculated creatinine clearance](#) (CrCl) ≥ 30 ml/min, use enoxaparin (*see dosing advice below*)
- For patients with a CrCl of 15-29 ml/min, use enoxaparin with caution and adjust appropriately for renal function and weight (*see 'dosing advice table'*)
- For those with severe renal failure (CrCl<15ml/min) or rapidly deteriorating renal function contact renal team for advice
- For patients with a history of heparin induced thrombocytopenia (HIT) use Fondaparinux (*discuss with Haematology*)
- If there is a clear contraindication to pharmacological thromboprophylaxis (*see above*), mechanical thromboprophylaxis with intermittent pneumatic compression (IPC) should be used (*see 'C'*)

Dosing advice table: Weight & CrCl adjusted Enoxaparin TP in COVID19	Weight (Kg)					
	< 50	51-75	76-100	101-125	126-150	≥ 151
CrCl ≥ 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					

C: If intermittent pneumatic compression is indicated, ensure no contraindications (tick if present)

Severe peripheral vascular disease	Severe skin inflammation	Non-pitting chronic lymphoedema
Severe peripheral neuropathy	Severe congestive cardiac failure	Known or suspected PE, DVT or superficial thrombophlebitis

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

Clinician Name:

Signature:

Bleep:

Date:

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.