Thromboprophylaxis Considerations in COVID Patients

Updated May 14, 2020

Please note that the following guidance is intended specifically for treatment of patients with known COVID-19. In all other cases, follow your standard protocols.

This information is intended to assist health care providers with regard to patients who are recovering from SARS-CoV-2 (the virus that causes COVID-19) and are preparing for discharge. Information in this document includes guidance previously provided in COVID-19 Post-Discharge Thromboprophylaxis.

All hospitalized patients with COVID-19 should receive chemical (pharmacologic) venous thromboembolism (VTE) thromboprophylaxis unless the patient is judged to be at risk for increased bleeding or has contraindications. Low molecular weight heparin (LWMH/enoxaparin), appropriately dose adjusted for renal function and/or weight is the preferred agent. Fondaparinux may be used as an alternative to enoxaparin for patients with heparin induced thrombocytopenia without contraindications. Prophylactic subcutaneous unfractionated heparin, dose adjusted for weight, is an alternative in patients with renal failure. If patients are unable to receive chemical prophylaxis, sequential compression devices (SCDs) should be placed.

Routine chemical VTE prophylaxis of the recovering COVID+ patient post discharge is not recommended.

- While no data specific to COVID-19 exist, extended prophylaxis with LMWH or with direct oral anticoagulants (DOACs) in non-COVID-19 patients can reduce the risk of VTE, at the cost of increase in bleeding events, including major bleeding.
- Each COVID-19 patient should have a careful risk assessment based mainly on their mobility level. Other factors that should be assessed are co-morbidities such as active cancer and ongoing inflammatory state as well as potential bleeding risks prior to discharge.
- Patients considered to be at significant continued risk for VTE should be considered (no data exists) for:
  - short-term use (up to 14 days) of prophylactic dose LMWH or DOAC (dose based on weight, renal function, and drug interaction screening)
- For those patients admitted for treatment of COVID-19 who may have been on thromboprophylaxis for conditions that existed prior to admission, consider transition back to the previous regimen (consider changes in renal function) post-hospitalization (if the pre-hospitalization condition still exists).

References

4. www.covid19-druginteractions.org