

REDUCING THE RISK OF VENOUS THROMBOEMBOLISM IN PATIENTS ADMITTED WITH SUSPECTED OR CONFIRMED COVID19

Enhanced (rather than 'standard') thromboprophylaxis dosing is recommended here as it may reduce the risk of VTE in patients with COVID19 infection

- All patients admitted with suspected or confirmed COVID19 should receive thromboprophylaxis
- If there are contraindications to pharmacological thromboprophylaxis (*see 'A'*), intermittent pneumatic compression (IPC) devices should be used
- Thromboprophylaxis should be continued for the duration of the 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)		Thrombocytopenia: platelet count < 30 x 10 ⁹ /l	
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		Systolic BP > 180mmHg or Diastolic BP > 100mmHg	
For any patient with a known bleeding disorder - discuss immediately with haematology for advice		Acute bacterial endocarditis	

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 below*)
- 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'*)

CrCl	≥ 30 ml/min	15-29 ml/min	<15 ml/min
Weight (kg)	ENOXAPARIN	ENOXAPARIN	Consult Renal Team via Switchboard
≤ 49	20mg BD	20mg OD	
50 - 99	40mg BD	20mg BD	
100 - 149	80mg BD	40mg BD	
≥ 150	120mg BD	60mg BD	

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 COVID19 excluded, use standard thromboprophylaxis dosing.

Clinician Name:

Signature:

Bleep:

Date:

COVID19 pandemic. The decisions to increase thromboprophylaxis dosing took place in response to increasing evidence that patients with COVID19 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.