Version 1.4 (Updated 12 May 2020)

# COVID-19 Inpatient Anticoagulation Protocol – **non-ICU patient**

DukeHealth

*Contraindication to Anticoagulation:*
(e.g. Plts <25K or Active Bleeding)

Mechanical Thromboprophylaxis

Initial Workup: DIC Screen, CBC, CMP

D-dimer >2500ng/mL

No

Yes

Acute VTE?

No

Yes

*Prior Indication for Anticoagulation:*
If low risk (LEVEL 1), continue home anticoagulant

If intermediate/high risk (LEVEL 2/3), switch to LMWH

If home anticoagulant interacts with COVID-directed therapy*, switch to LMWH

*https://www.covid19-druginteractions.org/

## LEVEL 1

*Prophylactic Dose*

Enoxaparin 40mg daily

OR

Renal Failure (CrCl <30mL/min):
SQ Heparin 5,000U Q12H

OR

BMI >40 or weight >100kg:
Enoxaparin 60mg Q24H
Plus Renal Failure: SQ Heparin 7500U Q12H

*Decision based on assessment of individual thrombotic risk and bleeding potential*

## LEVEL 2

*Intermediate Dose*

Enoxaparin 0.5mg/kg Q12H

OR

Renal Failure (CrCl <30mL/min):
Heparin infusion 40U/kg bolus followed by 15 U/kg/hr.
Target Heparin Level 0.3-0.5 U/mL

## LEVEL 3

*Therapeutic Dose*

Enoxaparin 1mg/kg Q12H

OR

Renal Failure (CrCl <30mL/min):
Heparin Infusion 80 U/kg bolus followed by 18 U/kg/hr.
Target Heparin Level 0.5-0.7 U/mL

Labs: DIC screen, CBC, creatinine every 1-2 days (clinically stable patients may be checked less frequently, based on clinician assessment)

Labs: DIC screen, CBC, creatinine daily

Labs: DIC screen, CBC, creatinine daily

For additional information on de-escalating therapy and discharge, please refer to full protocol: Duke Guidelines for Antithrombotic Therapy in Hospitalized Patients with COVID-19

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# COVID-19 Inpatient Anticoagulation Protocol – **ICU patient**

DukeHealth

## *Contraindication to Anticoagulation:*

(e.g. Plts <25K or Active Bleeding)

Mechanical Thromboprophylaxis

## *Prior Indication for Anticoagulation:*

If low risk (LEVEL 1), continue home anticoagulant

If intermediate/high risk (LEVEL 2/3), switch to LMWH

If home anticoagulant interacts with COVID-directed therapy*, switch to LMWH

*https://www.covid19-druginteractions.org/

Initial Workup: DIC Screen, CBC, CMP

D-dimer >2500ng/mL

No

Yes

Acute VTE?

Yes

No (or not checked by imaging)

*Decision based on assessment of documented or highly-suspected thromboembolism and individual bleeding risk*

*Decision based on assessment of individual thrombotic risk and bleeding potential*

### LEVEL 1

*Prophylactic Dose*

Enoxaparin 40mg daily

OR

Renal Failure (CrCl <30mL/min):
SQ Heparin 5,000U Q12H

OR

BMI >40 or weight >100kg:
Enoxaparin 60mg Q24H
Plus Renal Failure: SQ Heparin 7500U Q12H

Labs: DIC screen, CBC, creatinine daily

### LEVEL 2

*Intermediate Dose*

Enoxaparin 0.5mg/kg Q12H

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Renal Failure (CrCl <30mL/min):
Heparin infusion 40U/kg bolus followed by 15 U/kg/hr.
Target Heparin Level 0.3-0.5 U/mL

Labs: DIC screen, CBC, creatinine daily

### LEVEL 3

*Therapeutic Dose*

Enoxaparin 1mg/kg Q12H

OR

Renal Failure (CrCl <30mL/min):
Heparin Infusion 80 U/kg bolus followed by 18 U/kg/hr.
Target Heparin Level 0.5-0.7 U/mL

Labs: DIC screen, CBC, creatinine daily

For additional information on de-escalating therapy and discharge, please refer to full protocol: Duke Guidelines for Antithrombotic Therapy in Hospitalized Patients with COVID-19