

COVID-19 patients in Non-Critical Care areas Don't forget Thromboprophylaxis!

For guidance on thromboprophylaxis in COVID-19 patients in Critical Care areas (Intensive Care and High Dependency), see [Guideline Repository](#) on Staffnet.

This document applies to non-pregnant patients only. For advice on thromboprophylaxis for pregnant patients with suspected or confirmed COVID-19, seek specialist advice.

- Patients with COVID-19 are at high risk of venous thrombosis
- Pulmonary Embolism (PE) occurs in patients with COVID-19
- Some deaths associated with COVID-19 may be due to PE
- Thromboprophylaxis reduces VTE by 65% in medical inpatients

Using thromboprophylaxis in patients with COVID-19 will likely save lives

- **Prescribe Enoxaparin SC 40mg once daily**** for every patient, with no contraindications, admitted to hospital with possible or definite COVID-19
- ****Reduce dose to 20mg od if eGFR <30ml/min/1.73m² or weight <50kg**
**** Increase dose to 40mg bd if weight >120kg (see relevant [GGC guideline](#) for dose adjustments and monitoring in patients at extremes of body weight)**
- **Contraindications**
 - Platelet count < 25 x10⁹/l
 - Receiving anticoagulation for another reason
 - Patient considered to be at high bleeding risk e.g. recent intracranial haemorrhage, untreated inherited/acquired bleeding disorders
 - Trauma with high bleeding risk
 - Active bleeding
 - Heparin induced thrombocytopenia
 - Acute stroke (use IPC if immobile & contact stroke team for guidance)
 - Within 12 hours of procedures e.g. surgery, lumbar puncture
 - Acute bacterial endocarditis
 - Persistent hypertension (BP ≥230/120)
 - Liver failure and INR>2

Remember

- Patients with COVID-19 can develop abnormal coagulation and thrombocytopenia **BUT** bleeding symptoms are rare
- Prolonged PT, APTT and TCT are not a contraindication to administering thromboprophylaxis as long as fibrinogen is ≥1.0 (this is measured automatically by the lab if TCT ≥18secs)