

COVID-19 Patient on Medical Floor

- Check baseline and daily D Dimer

Thrombosis or worsening oxygen requirement
with elevated D-Dimer (D-dimer>1000)

Start Therapeutic Anticoagulation

Heparin drip, Lovenox[#] 1 mg/kg 2XD, or Apixaban[^] 10mg 2XD x 7 days followed by 5mg 2XD

Assess treatment with anti Xa levels, D Dimer and TEG.

Assessment should be done per protocol on Heparin drip or after 3 doses of Lovenox

If CrCl<30 then Lovenox 0.5mg/kg

^If age ≥80 or weight ≤60kg reduce apixaban to 2.5mg 2xd after initial apixaban 5mg 2xd x 7 day load

No Thrombosis

Start DVT Prophylaxis

Heparin 5000U 3xd, Lovenox 40mg 1XD, or Apixaban 2.5mg 2xd

Consult pharmacist for bariatric and renal dosing

A note about Renal Failure

- 30% of COVID-19 patients may develop renal failure
- For this reason Heparin should be first option for therapeutic anticoagulation for patients with **declining** renal function
- Heparin drip can also be turned off and more easily reversed

COVID-19 Patient in ICU

Start DVT Prophylaxis

Heparin 5000U 3XD or Lovenox 40mg 2XD
Consult pharmacist for bariatric dosing

- D Dimer >1000
- Elevation of D Dimer from baseline
- Evidence of clotting (central line)

Start Therapeutic Anticoagulation

Heparin drip or Lovenox 1.5 mg/kg 1XD or 1 mg/kg 2XD
Assess treatment with anti Xa levels, D Dimer and TEG.
Assessment should be done per protocol on Heparin drip
or after 3 doses of Lovenox

TEG

- Think Rock Glass
- Reaction Time <5 min
- TEG Angle >75
- Maximum Amplitude >70 mm
- Ly30 = 0

Consider Therapeutic Anticoagulation as
above with multiple TEG abnormalities

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Clinical evidence of dead space ventilation -
PaCO₂ greater than 40 mmHg despite
respiratory rate greater than 25 breaths per
minute with tidal volume of 6 mL/kg IBW or
higher

Or

Shock defined as requiring vasopressor to
maintain MAP ≥ 65 mmHg

Enroll in trial or compassionate use of
tenecteplase