

DVT Prophylaxis for COVID-19 Patients – JHH MICU (Sickest Patients)

- Recommending more aggressive VTE prophylaxis in patients with ARDS who are heavily sedated and at high risk of DVT/PE
- Patients can be transitioned to usual prophylaxis ** once recovered from ARDS/perceived to be lower clot risk

Creatinine Clearance or other modifier	Recorded weight 40-70 kg*	Recorded weight 71-119 kg	Recorded weight \geq 120 kg
<ul style="list-style-type: none"> • ARDS with CrCL \geq30 mL/min 	Heparin 5000 units q 8 h	Enoxaparin 30 mg q 12 h	Enoxaparin 40 mg q 12 h
<ul style="list-style-type: none"> • ARDS with CrCL < 30 mL/min • Increased concern for bleeding • Patients no longer deemed highest clot risk 	Heparin 5000 units q 8 h	Heparin 5000 units q 8 h	Heparin 7500 units q 8 h

*For patients < 40 kg, consider use of lower dose (ex q 12 hr); “recorded weight” = wt on day of order

** usual prophylaxis = heparin 5000 units q 8 or enoxaparin 40 q 24 hrs; adjusted for size and/or renal function

3/25/2020 – A. Rowden, PharmD

VTE Prophylaxis for Non-ICU COVID Positive Patients (Not quite as sick)

If very high risk and confirmed COVID +, start high intensity VTE prophylaxis (**Table 1**); very high risk characteristics include:

- Pregnancy
- Active malignancy
- Prior VTE
- Sickle cell disease

For other confirmed COVID + patients not meeting very high risk for VTE criteria above, start standard VTE prophylaxis (**Table 2**). With next set of labs and daily thereafter, obtain CBC, fibrinogen, D-dimer, factor VIII activity.* If **any** of the following lab parameters are met, escalate to appropriate high-intensity dosing strategy (**Table 1**):

- Fibrinogen > 500 mg/dL
- D-dimer > 2 mg/L
- Factor VIII activity > 250 IU/dL
- Platelet count > 350,000/ μ L

**Lab timing should be coordinated to occur when other routine labs are due and/or medication administration is necessary. Obtainment of these labs should not require an extra trip into the patient's room and use of additional PPE.*

Table 1: High-Intensity VTE Prophylaxis Dosing (all via subcutaneous route)

Renal Function	Actual body weight 40-59 kg	Actual body weight 60-119 kg	Actual body weight > 120 kg (or BMI > 40 kg/m ²)
CrCl \geq 30 mL/min	UFH 5,000 units q8h**	Enoxaparin 30 mg BID	Enoxaparin 40 mg BID
CrCl < 30 mL/min	UFH 5,000 units q8h**	UFH 7,500 units q8h	UFH 10,000 units q8h**

*** Consider checking aPTT daily (timed with other labs/medication administration to reduce to assess for accumulation; if aPTT > 40 seconds, consider dose reduction (to 5,000 q12h from 5,000 q8h or to 7,500 q8h from 10,000 q8h)*

Table 2: Standard VTE Prophylaxis Dosing (all via subcutaneous route)

Renal Function	Actual body weight 40-59 kg	Actual body weight 60-119 kg	Actual body weight > 120 kg (and/or BMI > 40 kg/m ²)
CrCl \geq 30 mL/min	UFH 5,000 units q12h	Enoxaparin 40 mg daily	Enoxaparin 40 mg BID
CrCl < 30 mL/min	UFH 5,000 units q12h	UFH 5,000 units q8h	UFH 7,500 units q8h