

PUI for COVID-19 or those with confirmed COVID-19

Critically ill or Severe Disease

No

Prophylaxis Dose

Yes

Presumed or Confirmed VTE, or Modified Wells Score > 4

Drug	Renal function	Dose
Enoxaparin	CrCl \geq 30 mL/min	40 mg daily ++
	CrCl < 30 mL/min, AKI or ESRD	30 mg daily
	\geq 100 kg and BMI \geq 40*	0.5 mg/kg daily*
Heparin	N/A	5,000 units Q8H
	\geq 100 kg and BMI \geq 40	7,500 units Q8H

* if CrCl < 30 mL/min, AKI or ESRD enoxaparin is not recommended. If enoxaparin is used, consider 40 mg daily.
++Enoxaparin once daily should be used, in most circumstances, in COVID patients. Enoxaparin 30mg BID dosing may be considered at physician discretion.

- **Enoxaparin is preferred over unfractionated heparin (reduced frequency of administration).**
- If heparin 5,000 units SC is used, Q8H dosing should be used over Q12H dosing.
- For patients with history of HIT fondaparinux may be considered. ([Appendix 2](#))

Refer to VTE PROPHYLAXIS IN ADULT GUIDELINE FOR DOSING RECOMMENDATIONS IN SPECIAL POPULATIONS

Yes

**Yes & VTE-
BLEED Score < 2**

d-dimer \geq 10 mcg/mL, persistent hypoxia with aggressive ventilation strategies, or signs of hypercoagulable state

No

Treatment Dose

Drug	Renal function	Dose
Enoxaparin	CrCl \geq 30 mL/min	1 mg/kg BID or 1.5 mg/kg daily
	CrCl < 30 mL/min	0.5 mg/kg BID or 1 mg/kg mg daily
Heparin	N/A	Continuous heparin infusion

**Yes & VTE-
BLEED Score \geq 2**

**Consider risk/
benefit of
Treatment Dose**

No

**d-dimer \geq 5
mcg/mL**

No

**Yes & VTE-
BLEED Score < 2**

**Yes & VTE-
BLEED Score \geq 2**

**Consider risk/
benefit of
Intermediate Dose**

Intermediate Dose

Drug	Renal function	Dose
Enoxaparin	CrCl \geq 30 mL/min	0.5 mg/kg BID
	CrCl < 30 mL/min, AKI or ESRD	UFH recommended
Heparin	N/A	7,500 units Q8H

- Risk of bleeding using VTE-BLEED score should be assessed in all patients prior to starting intermediate prophylactic dosing ([Appendix 3](#)).

***** THIS IS A GUIDELINE.
PROVIDER DISCRETION
ON THE USE OF
ANTICOAGULANTS
SHOULD NOT SOLELY BE
DETERMINED BY D-DIMER
LEVELS*****

- Heparin continuous infusion may be considered in patients where enoxaparin is inappropriate (AKI, CKD or Renal Replacement Therapy)
- Heparin continuous infusion using Anti-Xa driven protocol must be utilized.
- For patients with history of heparin induced thrombocytopenia, fondaparinux may be considered. ([Appendix 2](#))
- Use of Alteplase is currently NOT recommended for COVID-19 associated coagulopathy (outside of a clinical trial)
- Thrombolysis may be considered in patients with confirmed or high suspicion for indications specific to lytic therapy (e.g. acute ischemic stroke, PE, acute myocardial infarction).