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 DVT Prophylaxis
Heparin 5000U 3xd, Lovenox 40mg 1XD, or Apixaban 2.5mg 2xd
Consult pharmacist for bariatric and renal dosing

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

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

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

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

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

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
- Heparin drip can also be turned off and more easily reversed

Enroll in trial or compassionate use of tenectplase

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 MAPL65 mmHg