

# 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 separate guidelines on the [Guideline Directory](#) 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 and see separate guidance on the [Guideline Directory](#).

- 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/1.73m<sup>2</sup> 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 x10<sup>9</sup>/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
  - Within 12 hours of procedures e.g. surgery, lumbar puncture
  - Acute bacterial endocarditis
  - Persistent hypertension (BP ≥230/120)
  - Liver failure and INR>2
- **In COVID-19 positive patients with ischaemic stroke:**
  - Prescribe enoxaparin SC 40mg once daily\*\* 48 hours after the onset of stroke and continue intermittent pneumatic compression (IPC)
  - Stop IPC 14 days after diagnosis of COVID and continue enoxaparin if no adverse effects and patient is still immobile

### 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)
- For guidance relating to mechanical thromboprophylaxis, see the general thromboprophylaxis guideline in the [Adult Therapeutics Handbook](#).



# COVID-19 APPROVED GUIDANCE

## OFFICIAL SENSITIVE

***Note: This guidance has been fast-tracked for approval for use within NHSGGC***

**COVID-19 Patients in Non-Critical Care areas Don't forget Thromboprophylaxis**

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

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### **Important Note:**

The version of this document on the Clinical Guideline Directory is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.