All patients with Clinical Syndrome of COVID-19 should have a VTE & bleeding risk assessment

Inclusion Criteria for thromboprophylaxis:

- Confirmed COVID-19 from antigen swab testing
- Suspected COVID-19 (classic history OR classic CXR/CT changes)
- **Who are not already enrolled in a clinical trial addressing thromboprophylaxis**

Exclusion criteria:

- Age <16 years
- Pregnancy (follow RCOG guidelines for thromboprophylaxis)
- Patients on Dual antiplatelet

Bleeding Risk Assessment: If any of the bleeding risk factors are met, please discuss with a haematologist to individualise a thromboprophylaxis plan
Active bleeding * unexplained drop in Hb of >20g/L *unexplained haemodynamic instability though possibly due to bleeding *macroscopic haemorrhage e.g. Hematemesis, melena, haematuria, epistaxis etc.
Thrombocytopenia (platelet count <30x10^9/L) - ^If platelets 30-50x109 /L, with normal renal function use standard dose LMWH prophylaxis in the absence of additional bleeding risk factors and monitor platelet count daily
Fibrinogen <1.5g/L
Concurrent use of anticoagulation such as warfarin with INR >2 or DOAC
Acute stroke (If acute stroke occurs and mechanical prophylaxis is contraindicated, consider pharmacological prophylaxis, review daily)
Uncontrolled systolic hypertension (>230/120mmHg)
Untreated inherited bleeding disorder (such as haemophilia)
Acquired bleeding disorder e.g. Acquired haemophilia
Trauma patients (review the bleeding risk daily)
Recent critical site surgery e.g. Neurosurgery, spinal surgery or eye surgery
Lumbar puncture/epidural/spinal anaesthesia within the previous 4 hours or expected within the next 12 hours
Other procedures with high bleeding risk (review the bleeding risk daily)

Thromboprophylaxis Treatment/Dose

Before Dosing for all patients: Obtain the **ACTUAL BODY WEIGHT** and if estimated GFR <35ml/mins calculate the Creatinine clearance using the Cockcroft Gault equation

Patients with renal failure: require therapeutic anticoagulation please use either unfractionated heparin or argatroban as per Trust policy.

Box 2: Tinzaparin Dosing in COVID-19 with GFR > 30ml/min			
Patient Weight	**Standard Tinzparin Dose**	**Intermediate Tinzparin Dose**	**Therapeutic Tinzparin Dose**
40-50 Kg	2500units once a day	4500units once a day	175units/kg once a day
50–69kg	3500units once a day	6000units once a day	175 units /kg once a day
70–100 kg	4500units once a day	9000units once a day	175 units/kg once a day
>100kg	4500units twice a day	100units/kg in 2 divided doses	175units/kg once a day
Prophylaxis dose	Intermediate dose – only after Consultant Discussion on individual patient basis.		

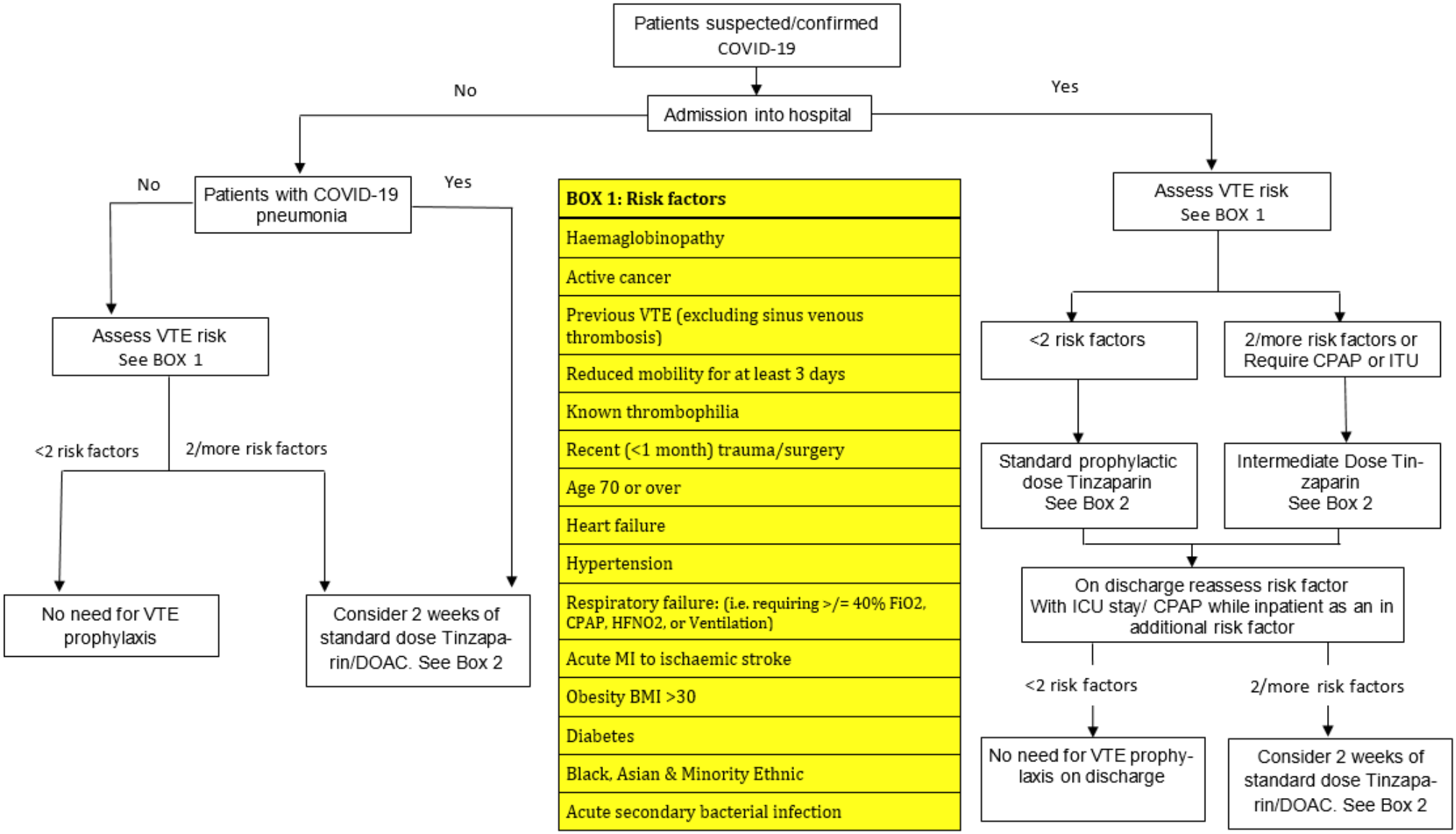
DOAC doses:

Standard dose: Apixaban 2.5mg BD (if weight below 50kg switch to tinzaparin)

Intermediate dose: Apixaban 5mg BD (if weight below 50kg reduce to 2.5mg BD)

If weight above 120kg for either dosing switch to tinzaparin

Thromboprophylaxis for Patients with Clinical Syndrome of COVID-19



BOX 1: Risk factors
Haemaglobinopathy
Active cancer
Previous VTE (excluding sinus venous thrombosis)
Reduced mobility for at least 3 days
Known thrombophilia
Recent (<1 month) trauma/surgery
Age 70 or over
Heart failure
Hypertension
Respiratory failure: (i.e. requiring >/= 40% FiO2, CPAP, HFNO2, or Ventilation)
Acute MI to ischaemic stroke
Obesity BMI >30
Diabetes
Black, Asian & Minority Ethnic
Acute secondary bacterial infection