

Thromboprophylaxis in COVID Patients

Interim Prescribing Guidance

Offer a **standard prophylactic dose** of a LMWH to patients with COVID-19 who need low or high-flow oxygen, continuous positive airway pressure, non-invasive ventilation or invasive mechanical ventilation, and **who do not have an increased bleeding risk**

< 50kg	Dalteparin 2500 units OD
50 – 99kg	Dalteparin 5000 units OD
100 – 150kg	Dalteparin 7500 units OD
> 150kg	Dalteparin 5000 units BD

In ICU only, offer an **intermediate dose** of LMWH to patients COVID-19 who are receiving high-flow oxygen, continuous positive airway pressure, non-invasive ventilation or invasive mechanical ventilation **where benefit is considered to outweigh risk**
NB. NICE guidance recommends only within a clinical trial – consider enrolment in REMAP-CAP where appropriate

< 50kg	Dalteparin 2500 units BD
50 – 99kg	Dalteparin 5000 units BD
100 – 150kg	Dalteparin 7500 units BD
> 150kg	Dalteparin 10000 units BD

To be reviewed again following the publication of anticipated ICS / FICM guidance

For patients with a CrCl < 20 ml/min please consult the MKUH MAaS Leaflet **Treatment of Venous Thromboembolism (VTE) in Adults with Dalteparin**
[Medicines Advice and Safety \(MAaS\) Leaflets - MKUH - Intranet](#)

For women who are pregnant please refer to separate guidance

Consider a **treatment dose** of a low molecular weight heparin (LMWH) for young people and adults with COVID-19 who need low-flow oxygen, and **who do not have an increased bleeding risk**

< 46kg	7500 units OD
46 – 56kg	10000 units OD
57 – 68kg	12500 units OD
69 – 82 kg	15000 units OD
83 – 98 kg	18000 units OD
99 – 112kg	10000 units BD
113 – 137kg	12500 units BD
138 – 165kg	15000 units BD
≥ 166 kg (discuss with Haematology if >180kg)	18000 units BD

Thromboprophylaxis on Discharge

Thromboprophylaxis for a minimum of 7 days should be considered for all patients (inc. ambulatory patients) where the benefit outweighs the risk.

Extended Thromboprophylaxis should be considered according to clinical need in those patients who are considered high risk e.g. have received advanced respiratory support or have reduced mobility

Where thromboprophylaxis considered clinically appropriate one of the following regimens may be used:-

- If the patient is able to self-administer s/c injections:- offer weight-based prophylactic **Dalteparin**
- If the patient is unable to self-administer injections:- offer **rivaroxaban 10mg OD** ****Note: This is an unlicensed indication****