Critical care quick reference guide

Thromboprophylaxis in COVID-19 hyper-inflammatory syndrome

Suspected / confirmed COVID-19 infection with features of hyper-inflammatory syndrome

Exclusion criteria

- Platelets <50 x 10^9/L
- Fibrinogen <2.0 g/L
- APTR / INR >2 (if anticoagulant naïve)
- Suspected / overt active bleeding

→ **Discuss urgently with haematology if any apply**

Pharmacological thromboprophylaxis → Dose stratification by D-dimer concentration

Anticoagulation for proven / likely thromboembolism → Use 'therapeutic anticoagulation' dosage column below **and** discuss with haematology

Clot prevention in renal replacement therapy → **Refer to guidance in full thromboprophylaxis protocol**

eGFR
mL/min/1.73 m^2

eGFR ≥30

Dalteparin (subcutaneous, 12-hly)

Body weight	D-dimer (ng/mL) <1000	1000–3000	>3000
50–99 kg	Dalteparin 5000 units SC 12-hly	Dalteparin 7500 units SC 12-hly	Dalteparin 10000 units SC 12-hly
100–150 kg	Dalteparin 7500 units SC 12-hly	Dalteparin 10000 units SC 12-hly	Dalteparin 15000 units SC 12-hly
	Enhanced prophylaxis	Escalated prophylaxis	Therapeutic anticoagulation

Seek haematology advice if <50 or >150 kg

Prescribing and monitoring dalteparin

- Doses to be given at 02:00 and 14:00
- Take bloods (inc. **anti-Xa level**) at 06:00
- Anti-Xa target for dalteparin **0.3–1.2 IU/mL** (4 h after 3rd dose); discuss with haematology if outside range

eGFR <30

Unfractionated heparin (subcutaneous, 12-hly)

D-dimer (ng/mL) <1000	1000–3000	>3000
Heparin 10000 units SC 12-hly	Heparin 15000 units SC 12-hly	Heparin 20000 units SC 12-hly
Heparin 15000 units SC 12-hly	Heparin 20000 units SC 12-hly	Heparin 30000 units SC 12-hly
Enhanced prophylaxis	Escalated prophylaxis	Therapeutic anticoagulation

Prescribing and monitoring UFH

- Doses to be given at 02:00 and 14:00
- Take bloods (inc. **anti-Xa level**) at 06:00
- Anti-Xa target for UFH **0.2–0.7 IU/mL** (4 h after 3rd dose); discuss with haematology if outside range

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