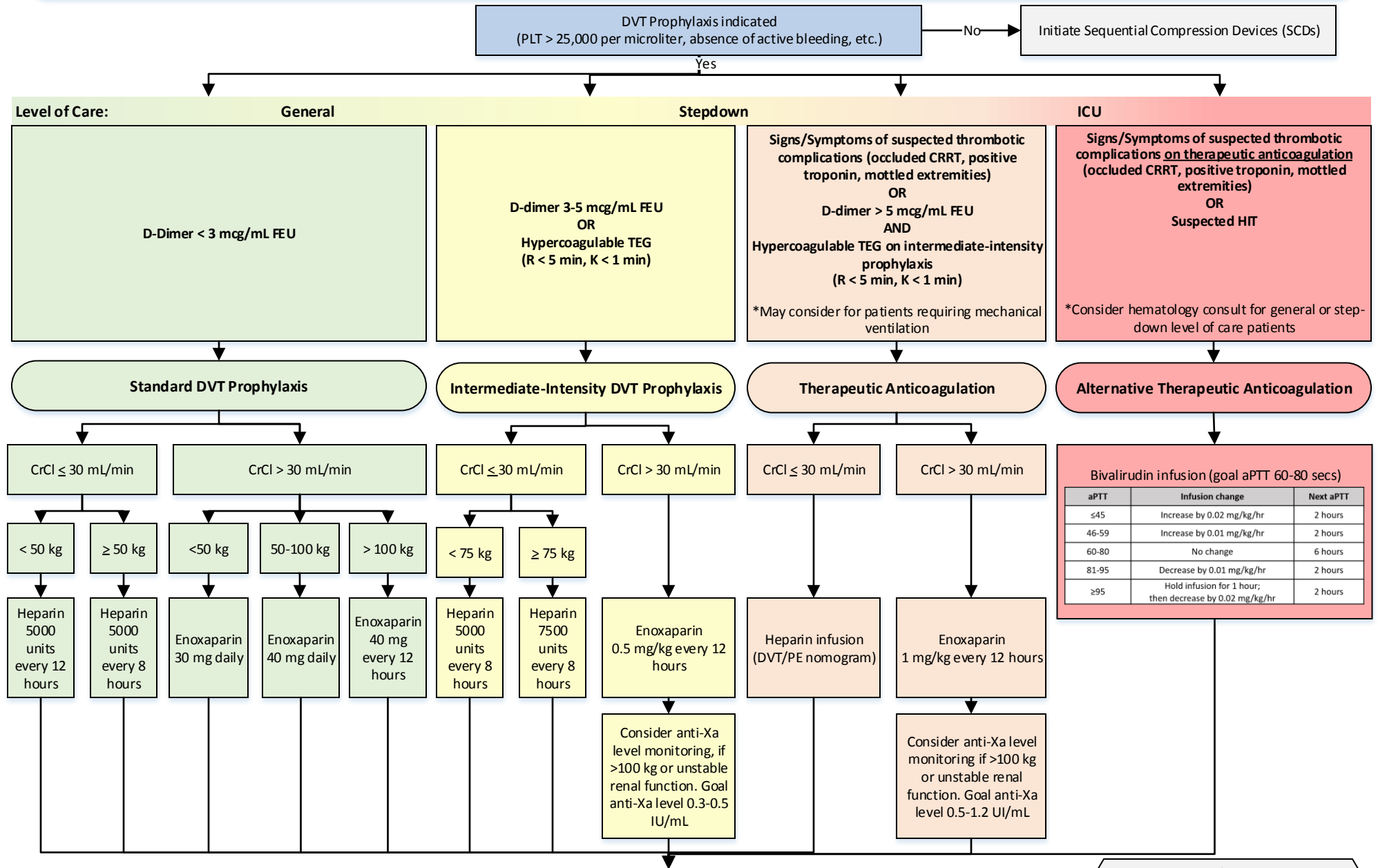


Inpatient Anticoagulation Considerations for Adults Patients with COVID-19 at VCU Health

Recommended admission labs: CBC with differential, CMP, CRP, PT/aPTT, fibrinogen, D-dimer, ferritin, LDH and CK



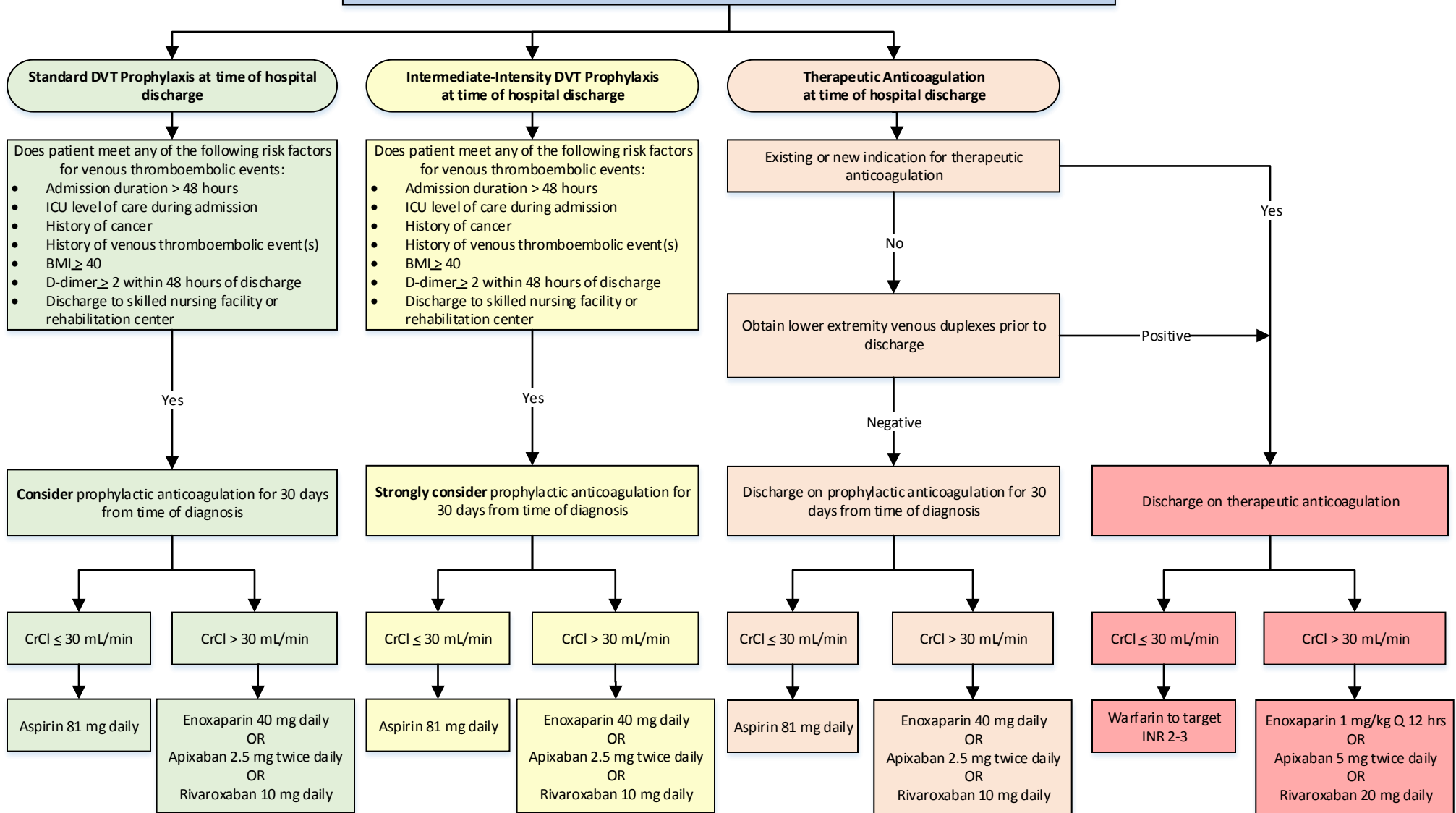
aPTT	Infusion change	Next aPTT
≤45	Increase by 0.02 mg/kg/hr	2 hours
46-59	Increase by 0.01 mg/kg/hr	2 hours
60-80	No change	6 hours
81-95	Decrease by 0.01 mg/kg/hr	2 hours
≥95	Hold infusion for 1 hour; then decrease by 0.02 mg/kg/hr	2 hours

Reassess laboratory and clinical parameters for venous/arterial thromboembolic events every 24-48 hours as clinically indicated. Consider **escalation** to higher-intensity anticoagulation with rapidly increasing D-dimer and/or signs of a thromboembolic event. Consider **de-escalation** to lower-intensity anticoagulation upon resolution of inciting laboratory and clinical parameters.

Disclaimer:
This document and content is meant to provide guidance during the COVID-19 pandemic and is not to be considered as a standard of care. Because new information is being released rapidly, these documents can be updated or changed at anytime. Last updated 6/18/20

Discharge Anticoagulation Considerations for Adult Patients with COVID-19 at VCU Health

Reassess risk stratification 24-48 hours prior to discharge. Obtain CBC, BMP and D-dimer as clinically indicated.



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