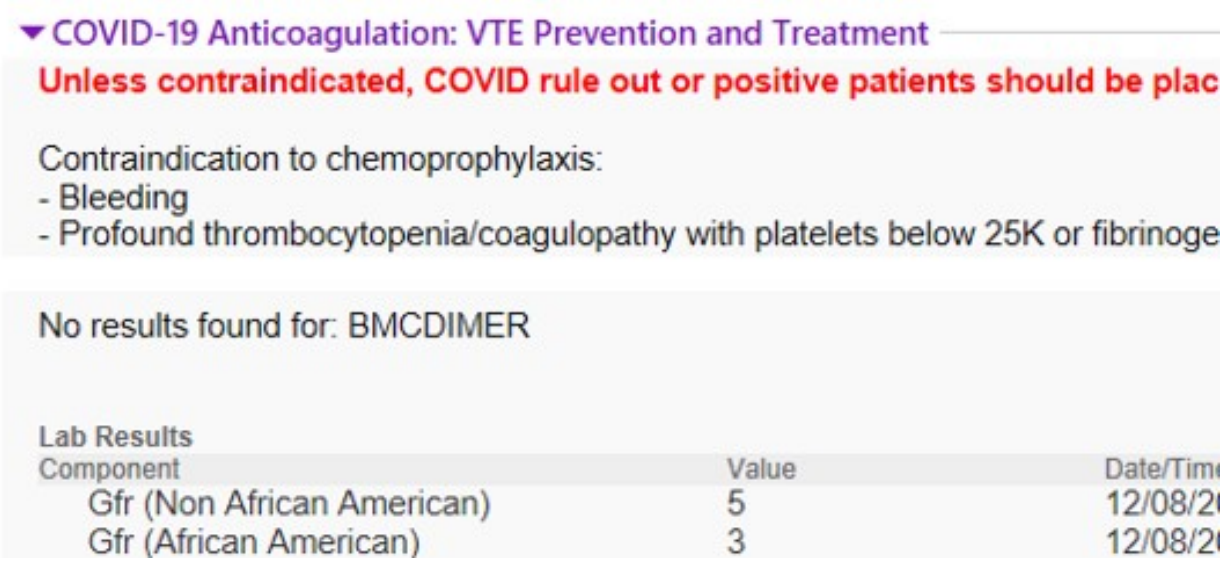
New Anticoagulation protocols for COVID patients

COVID patients experience coagulation changes requiring more aggressive anticoagulation. As a result there will be anticoagulation orders added to the COVID ordersets. They will drive the MD to order heparin or enoxaparin.

These order sets are going live on 4/24 and patients will be identified by MD/LIP as low, intermediate or high risk



The patients care team will place the patient in one of the risk categories based on lab values (D-dimer) and clinical status (whether or not they have a VTE).

The corresponding prophylaxis or treatment will be ordered using either enoxaparin or unfractionated heparin (SQ or IV).

Once the risk profile is determined along with renal function (CrCL), an order set will be selected for the patient.

Enoxaparin and SQ heparin will be ordered once or twice a day **or** an unfractionated (UF) heparin infusion will be ordered. These are weight based protocols. The Heparin orders are the same ones you already use.

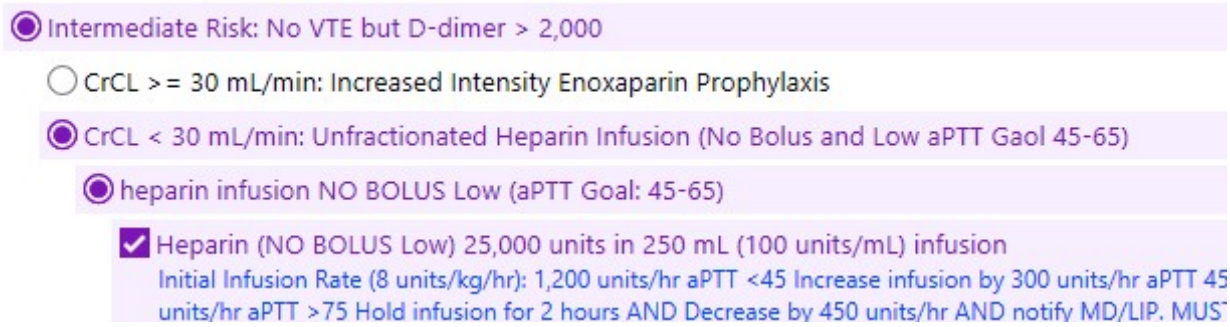
When UF Heparin is ordered, it may or may not be initiated with a bolus depending on the patients risk level and prior anticoagulation status. The dose will still be adjusted based on the patient's aPTT.

Caution: Physicians are being asked to assess patient's labs and clinical status daily. The patient may need to be changed to a more aggressive heparin orderset (e.g. from intermediate to high risk).

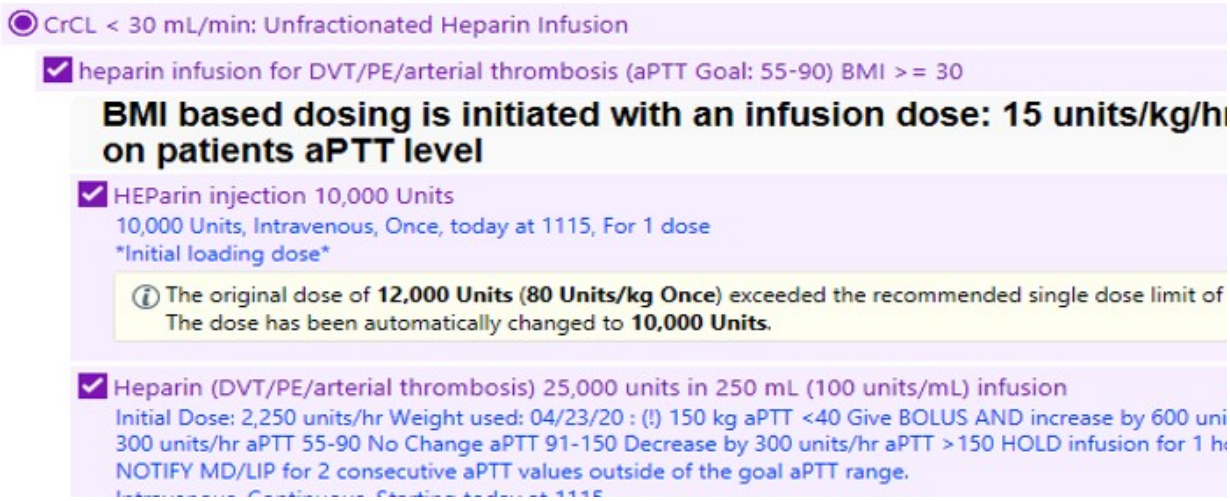
If a patient has been on anticoagulation and their status/risk has changed, there may be an increase or decrease in heparin ordered with or without a bolus.

***Pharmacy is available to discuss the treatment strategy with the team. The pharmacist will advise on the treatment strategy to use to attain the desired clinical and aPTT goals.

INTERMEDIATE RISK



HIGH RISK



Anticoagulation in COVID-19 at BMC