**For information only: Thromboprophylaxis at HUHFT in COVID-19**

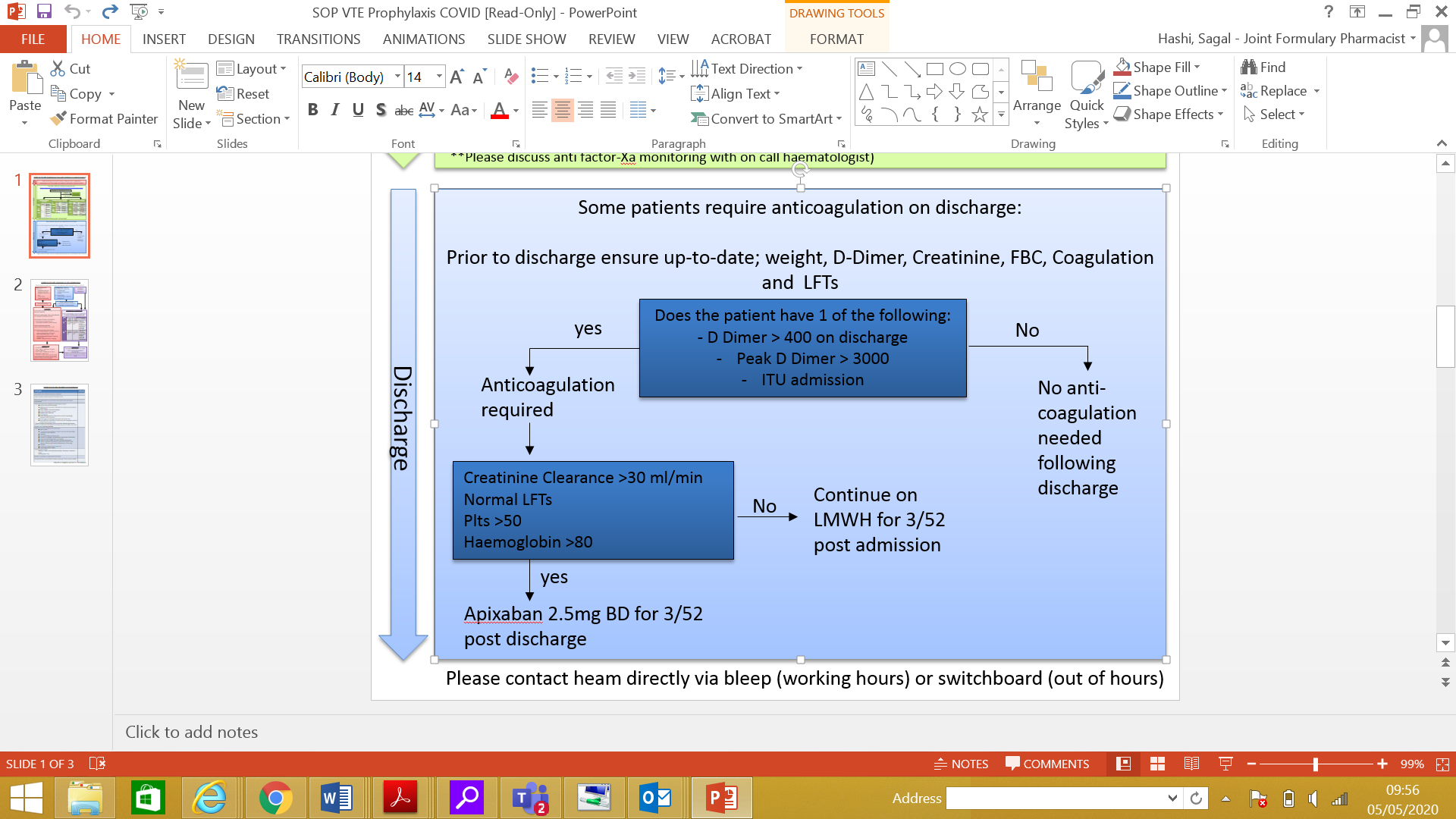
The medical world has reported a high incidence of venous thromboembolisms, mainly pulmonary emboli, and arterial disease in patients diagnosed with or suspected of COVID-19 infection. There appears to be a consensus in the medical community that COVID 19 infection causes a prothrombotic state in patients.

In view of the increased thrombotic tendency seen in patients with COVID 19;

* The Thrombosis Committee at HUHFT have recommend more intense thromboprophylaxis for patients confirmed or strongly suspected to have COVID-19 infection.
* A new pan London study reviewing this has been drawn up.
* Pre-COVID-19 all patients admitted to hospital were assessed for their VTE risk and started on Enoxaparin 40mg daily if necessary. However, the dose will now be increased for those tested positive for COVID-19 infection from swabs and in patients with highly suggestive symptoms and radiology.
* The dose of LMWH is based on patients’ d-dimer levels, actual body weight and renal function.
* Depending on renal function in-patients will be prescribed either enoxaparin or dalteparin.
* Regular antiplatelets to be continued.

**Continuation of thromboprophylaxis on discharge: Hospital only prescribing**

COVID-19 infection and the related inflammatory response may not be fully resolved or can recur within the first few weeks once patients are back in the community. Therefore, extended thromboprophylaxis for 3 additional weeks should be offered to high risk patients who are discharged to the community following their acute admission (see table below for details).



At discharge, patients who were **treated** for **VTE complications of COVID-19** infections will be supplied with 4 weeks’ worth of **treatment dose** LMWH/ Apixaban. These patients should be **offered a telephone consultation with the Anticoagulation team three weeks late**r to discuss the duration of their treatments and the possible conversion of their LMWH therapy to oral anticoagulation with DOACs. Their TTA’s will include Enoxaparin/ Dalteparin to cover four weeks.

**All prescribing will be managed by the hospital and GPs will not be asked to prescribe any thromboprophylaxis.**