

VTE and Prophylaxis Guidelines for COVID-19 in the ICU

Last Updated: 4/16/2020

Level 1:
No VTE and
D-dimer < 3,000*

- LMWH 0.5mg/kg/day
- Dose adjustments for obesity and renal impairment +/- UFH
- Discharge with 7 days DOAC (> LMWH)

Level 2:
No VTE and
D-dimer ≥ 3,000*

- LMWH 0.5mg/kg/Q12 (or 1mg/kg/day) OR
- Heparin low-standard
- Discharge with 4-6 weeks DOAC (> LMWH)

Level 3:
Known or
suspected VTE**

- LMWH 1mg/kg/Q12 OR
- Heparin high-standard
- Discharge with 3 months DOAC (> LMWH, warfarin)

Routine laboratory tests

Daily DIC panel
Q Mon/Th MOCHA panel, PAI-1

LE Doppler US

Baseline for Level 2 and with
changes in clinical status

Laboratory monitoring (where available)

Anti-Xa levels
Antithrombin (AT) levels

Heparin resistance

Treat with direct thrombin
inhibitor (DTI) if AT < 40%

*At EDH, D-dimer threshold = 3.0 FEU/ml (i.e., 6x ULN)

**Consider for unexplained increase in oxygen requirement, dead space, or organ failure (e.g., AKI, MSOF).

The materials are intended solely for general educational and information purposes, are made available in the context of the public health emergency related to the coronavirus (COVID-19) and have not been subject to review that typically would occur in a non-emergent situation. The materials do not constitute the provision of medical, legal or other professional advice. EMORY UNIVERSITY AND EMORY HEALTHCARE MAKE NO WARRANTIES, EXPRESS OR IMPLIED AS TO THE MATERIALS, INCLUDING, WITHOUT LIMITATION, COMPLIANCE WITH QUALITY, REGULATORY, ACCREDITATION OR STANDARDS OF CARE. EMORY EXPRESSLY DISCLAIMS ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Copyright 2020, Emory University and Emory Healthcare