

Figure 2: Layout of COVID-19 Thromboprophylaxis Order Set

eFigure 2 TVHS Anticoagulation COVID-19-Specific VTE Order Set

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VTE Prophylaxis in Suspected or POSITIVE COVID19 Patients	
<p>VTE UNIVERSAL THROMBOPROPHYLAXIS: Administer pharmacological prophylaxis to all inpatients diagnosed with COVID-19 unless therapy is contraindicated.</p>	<p>** Use therapeutic anticoagulation dosing <<instead >> if there is a strong suspicion for VTE but testing/results are not immediately available.</p>
<p>1. ACUTELY ILL, medical patient with platelet count >30,000: apply intermittent pneumatic compression AND administer:</p> <p>a. 1st LINE for CrCl > 30mL/min -----></p> <p>b. 2nd LINE for CrCl > 30mL/min (ONLY IF D-dimer >1) -----></p> <p>c. 2nd LINE for CrCl > 30mL/min & Hx of HIT/HITS -----></p> <p>d. 1st LINE for CrCl < 30mL/min-----></p>	<p>Enoxaparin 40mg SC Q24Hours... (In obese, BMI 40+, use 0.5mg/kg/24hr or 40mg Q12Hours)</p> <p>Rivaroxaban 10mg Q24Hours + DOAC PADR... [**Not appropriate to use UNLESS proven COVID-19**]</p> <p>Rivaroxaban 10mg Q24Hours + DOAC PADR...</p> <p>Heparin 5000 units SC Q8Hours... (In obese, BMI 40+, use 7500 units SC Q8Hours)</p>
<p>2. CRITICALLY ILL, medical patient with platelet count >30,000: apply intermittent pneumatic compression and administer:</p> <p>a. 1st LINE for CrCl > 30mL/min -----></p> <p>b. 1st LINE for CrCl < 30mL/min -----></p> <p>c. 2nd LINE for CrCl > 30mL/min & Hx of HIT/HITS -----></p>	<p>Enoxaparin 40mg SC Q12Hours... OR Enoxaparin 0.5mg/kg SC Q24Hours... OR Enoxaparin 0.5mg/kg SC Q12Hours...</p> <p>Heparin 5000 units SC Q8Hours... (In obese, BMI 40+, use 7500 units SC Q8Hours, Alternatively, transition to treatment dose, low intensity heparin Nomogram)</p> <p>Fondaparinux 2.5mg SC Q24Hours...</p>
<p>3. Critically/ acutely ill patient with deteriorating pulmonary status or ARDs (and without established VTE) and platelet count >30,000: apply intermittent pneumatic compression and administer:</p> <p>a. 1st LINE for CrCl > 30mL/min -----></p>	<p>If on the acutely ill pathway step up to critically ill prophylaxis. << OR >> If on the critically ill pathway, transition to treatment dose enoxaparin</p> <p>Transition heparin to high intensity Nomogram</p>
<p>If pharmacologic thromboprophylaxis is contraindicated -----></p>	<p>use intermittent pneumatic compression devices with regular reassessment for conversion to pharmacologic prophylaxis.</p>

Abbreviations: VTE, venous thromboembolism; TVHS, US Department of Veterans Affairs Tennessee Valley Healthcare System.