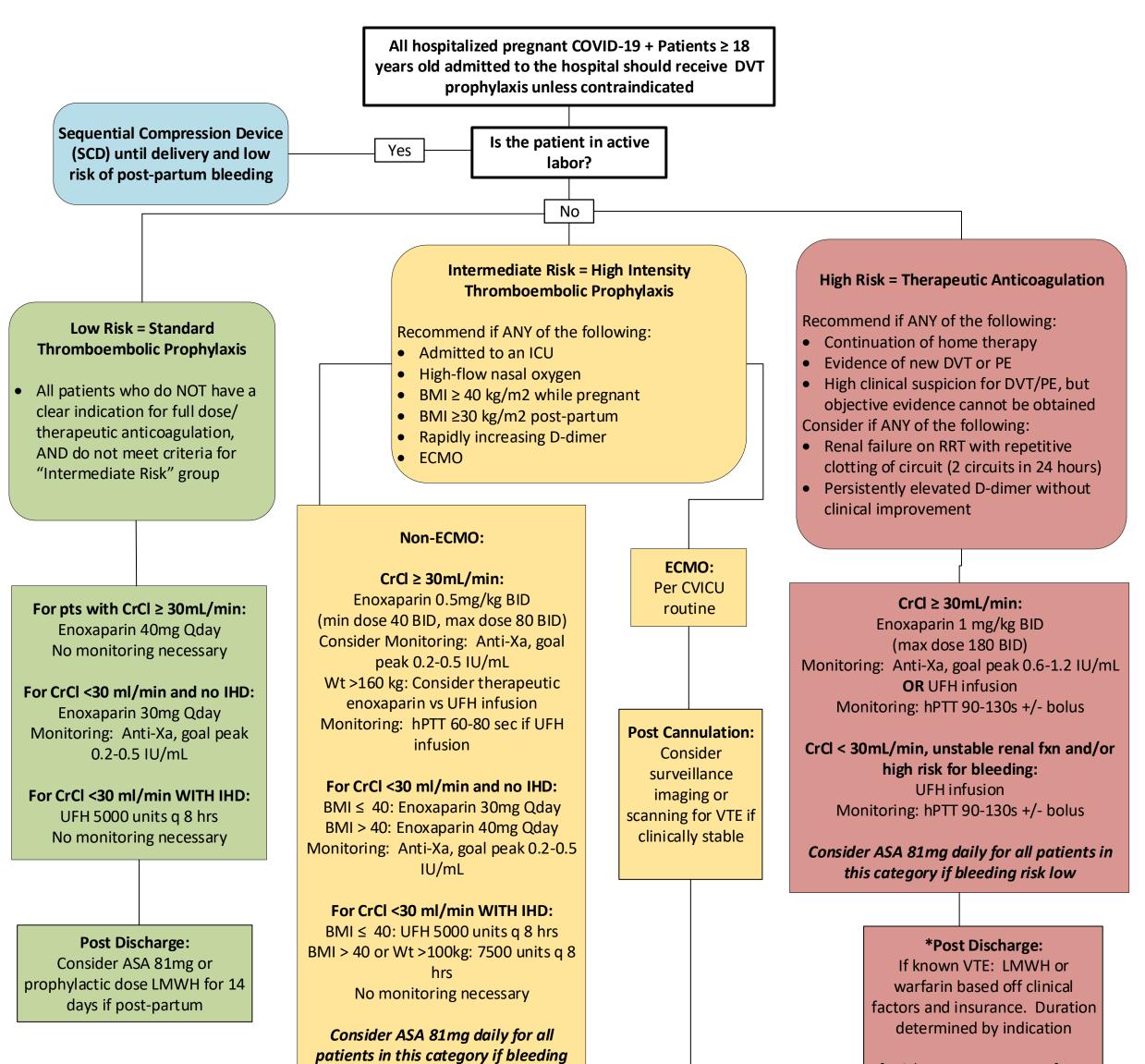
## Reaffirmed 8/11/2022

## Anticoagulation and VTE Prophylaxis for Hospitalized COVID-19 Patients, Pregnancy Considerations



## risk low

## Recommendations for monitoring Admission labs:

- See ID work-up guidance algorithm
- l D-dimer

|Ongoing surveillance if in Intermediate or High Risk group or | change in clinical status:

- D-dimer every 48 hours until down trending
- Daily CBC and platelet count, if plts <100, evaluate for DIC (fibrinogen, PT, aPTT) and modify intensity if s/sx of bleeding

\*Post Discharge: LMWH for 14 days

Consider DOAC if post-partum AND no plans for breastfeeding

\*For patients being discharged on DOAC or LMWH, will need to f/u with discharge pharmacy and med-access teams If patient is un-insured, consider ASA

325 mg vs coupon card for DOAC

If NO known VTE: LMWH for 14 days

Consider DOAC if post-partum AND no plans for breastfeeding

UFH = Unfractionated Heparin LMWH = Low Molecular Weight Heparin DOAC = Direct Acting Oral Anticoagulant VTE = Venous Thromboembolism IHD = Intermittent Hemodialysis