**Lurie Children’s Practice Guideline for Coagulopathy associated with COVID-19**

Critically ill patients with COVID-19 present with respiratory insufficiency or multiorgan failure. The most significant poor prognostic indicator is development of coagulopathy. These patients are both at high risk of thrombosis and bleeding. Thus, effective VTE prevention strategies based on an individual assessment of bleeding risks are necessary for critically ill patients with COVID-19. Limited data suggest that those with severe COVID-19 infection or markedly elevated levels of D-dimer (>6 x ULN) have decreased mortality with prophylactic doses of Low Molecular Weight Heparin (LMWH, enoxaparin) or Unfractionated Heparin (UFH).

The International Society of Hemostasis and Thrombosis (ISTH), American Society of Hematology (ASH) and the National Institute of health (NIH) put forth an interim guidance on management of coagulopathy and VTE prophylaxis for adult hospitalized patients with COVID-19.

**Modified guidance and suggested interim management for hospitalized patients >18 years**:  
- Monitor D-dimer, Prothrombin Time/Partial Thromboplastin Time (PT/PTT), platelet count and fibrinogen.  
- Prophylactic dose LMWH 40 mgs once daily should be given despite abnormal coagulation tests in the absence of active bleeding.  
- LMWH should be held if platelet count less than 30 x 10^3/µL or fibrinogen less than 50 mg/dL.  
- Abnormal PT/INR and/or PTT in the absence of bleeding is not a contraindication for LMWH thromboprophylaxis.  
- Mechanical thromboprophylaxis should be used when LMWH thromboprophylaxis is contraindicated.  
- Therapeutic anticoagulation is not indicated unless venous thromboembolism (VTE) is documented.  
- In patients already on anticoagulation for VTE or other indications, therapeutic doses of anticoagulant therapy should continue but may need to be held when platelet count is less than 50 x 10^3/µL or if the fibrinogen is less than 100 mg/dL.  
- For patients on other anticoagulants (e.g., DOACs or warfarin), consider switching LMWH or UFH while being treated for COVID-19.


**References:**


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