This protocol was created for internal Montefiore clinical purposes only and cannot be construed to serve as general recommendations or guidelines for anyone outside of Montefiore.

These treatment protocols are recommendations for caring for patients with COVID while Montefiore is operating under its Emergency Procedures for the declared state of emergency for the COVID pandemic. Additionally, these protocols may change as more research data becomes available. Please frequently check for updates.

Clinicians should always rely on the specific patient’s medical condition for clinical decision-making, even if that requires a deviation from the protocol.

MONTEFIORE ANTICOAGULATION PROTOCOL
FOR ADULT COVID PATIENTS (Not Critical Care)

Order baseline PT, PTT, CBC, D-Dimer and fibrinogen levels (if not done in ED)
Place thromboprophylaxis orders (see below*) then follow algorithm

Does patient meet criteria?
1. Platelet count >50,000
2. No history of Child-Pugh Class C liver disease
3. Hb >8.0g/dl or has been stable at a low level
4. No evidence of bleeding or recent Hb decrease of >2g/dl

Yes
Assess D-Dimer Result

D-Dimer <3ug/ml

*Continue Thromboprophylaxis
Apixaban 2.5mg orally bid (for variable renal function, caution in hepatic impairment)
OR
Enoxaparin 40mg SQ Daily (BMI<40, GFR≥30 and not changing)
Enoxaparin 30mg SQ Q12 (BMI≥40)

Ready for Discharge
Evidence of DVT/PE: Consider Imaging

No imaging needed or imaging negative
Continue prophylaxis at same dosages for 3-4 weeks.
For those patients unable to get AC medications, aspirin (81mg) daily may be an alternative

Imaging/Ultrasound Positive
Therapeutic anticoagulation for 3 months.

Imaging/Ultrasound Negative
Continue therapy at same dosages for 3-4 weeks.

D-Dimer >3ug/ml or rapid increase

Consider Therapeutic Anticoagulation
Apixaban 5 mg orally bid
(for renal dysfunction or variable renal function, consider 2.5mg BiD if LFT’s >3-5x/nl or GFR≤15)
OR
Enoxaparin 1.5 mg/kg/day (or 1mg/kg q12)
(If GFR<30 use 1mg/kg daily, not for ESRD)
OR
other full dose anticoagulation
(clinical judgment)

Questions concerning AC:
Emergent: Call Hematology
Questions: Place an e-consult

Ready for Discharge: Duplex US if possible.