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.

MONTEFIORIE ANTICOAGULATION PROTOCOL
FOR ADULT COVID INPATIENTS (Not Critical Care)

Order baseline PT, PTT, CBC, D-Dimer and Comprehensive APL Panel (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
D-Dimer <1ug/ml
Assess D-Dimer Result
D-Dimer >1ug/ml

No
E-consult to Thrombosis Team
Rapidly rising D-Dimer or +APLS

Consider Therapeutic Anticoagulation
Apixaban 5 mg orally bid
(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)

Ready for Discharge: Duplex US if possible.

Imaging/Ultrasound Positive
Therapeutic anticoagulation for 3 months.

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

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

Consider Thromboprophylaxis
Thromboprophylaxis:
Apixaban 2.5 mg orally bid
OR
Enoxaparin 40mg sc daily or 0.5 mg/kg bid

Ready for Discharge: 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