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Routine treatment with investigative therapy is not endorsed outside of clinical trials

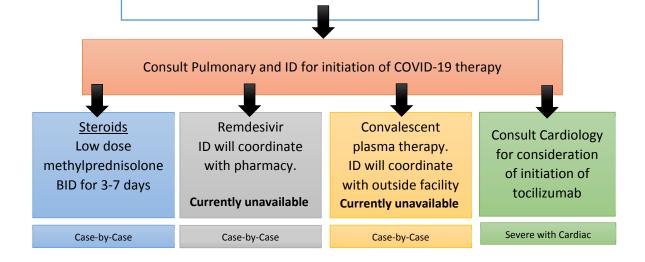
Anticoagulation: ALL patients

Case reports have noted the development of VTE in patients with COVID-19 but is unclear if the risk in them is higher than that in other critically ill patients. Elevated D-dimer, fibrinogen and other inflammatory markers is common. It is recommended that all patients admitted for COVID-19 should receive standard prophylactic anticoagulation with LMWH or heparin in the absence of contraindication (including but not limited to: low platelet count, active bleed, abnormal renal function, history of HITT). Concern for DVT would warrant treatment with full therapeutic dosing of anticoagulation unless contraindicated.

Patient is getting worse on current supportive therapies:



- Increasing O2 need
- Increasing work of breathing/intubation
- Respiratory failure
- SPO2 < 88%
- Worsening chest imaging
- Increase markers: ferritin, CRP, D-dimer



Recommended Labs:

- CBC with differential (lymphopenia often prominent)
- CMP (assess for AKI and elevated AST/ALT)
- D-dimer (often elevated, consider evaluation for DVT if very high)
- Ferritin
- CRP
- LDH
- CPK
- CK
- Procalcitonin (can become elevated even without infection but helpful for baseline if you become concerned for bacterial super-infection later)
- Troponin