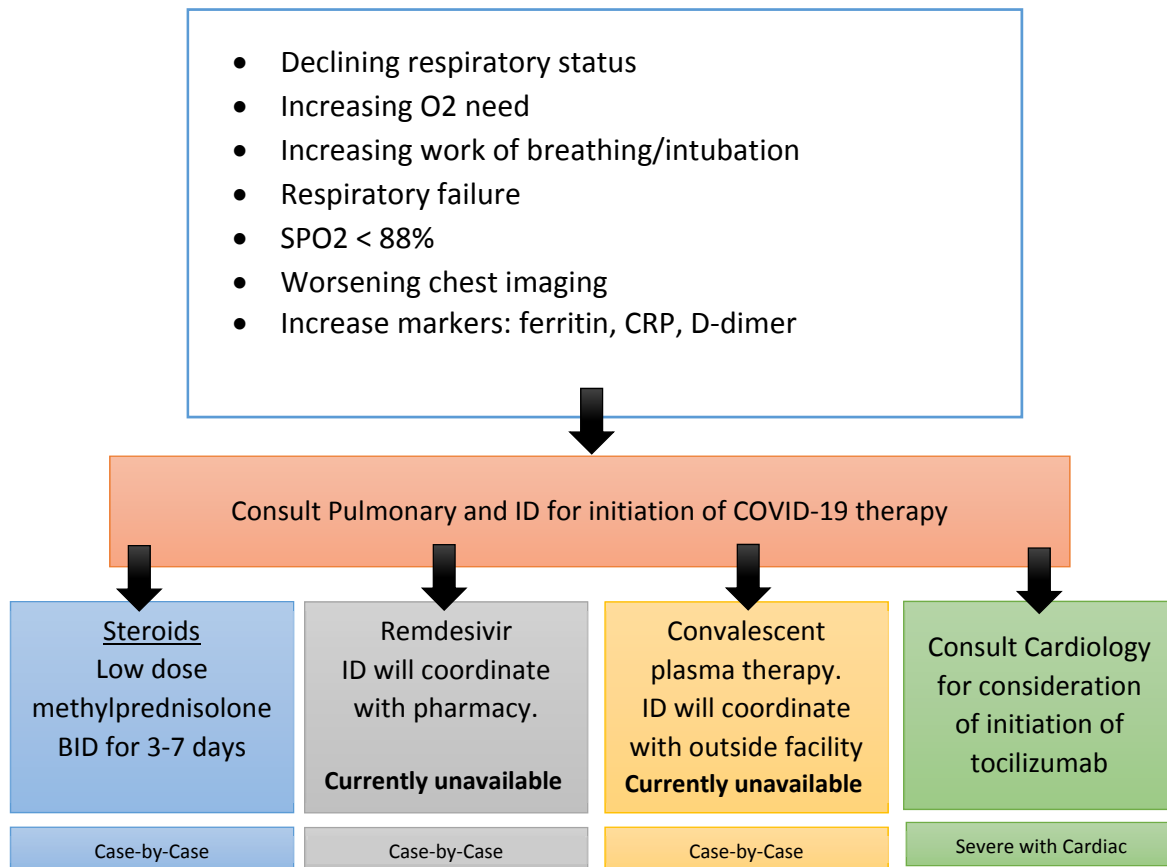


### Anticoagulation: ALL patients

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 HIT). Concern for DVT would warrant treatment with full therapeutic dosing of anticoagulation unless contraindicated.

### Patient is getting worse on current supportive therapies:



### 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