Robert Wood Johnson University Hospital | RWJBarnabas HEALTH

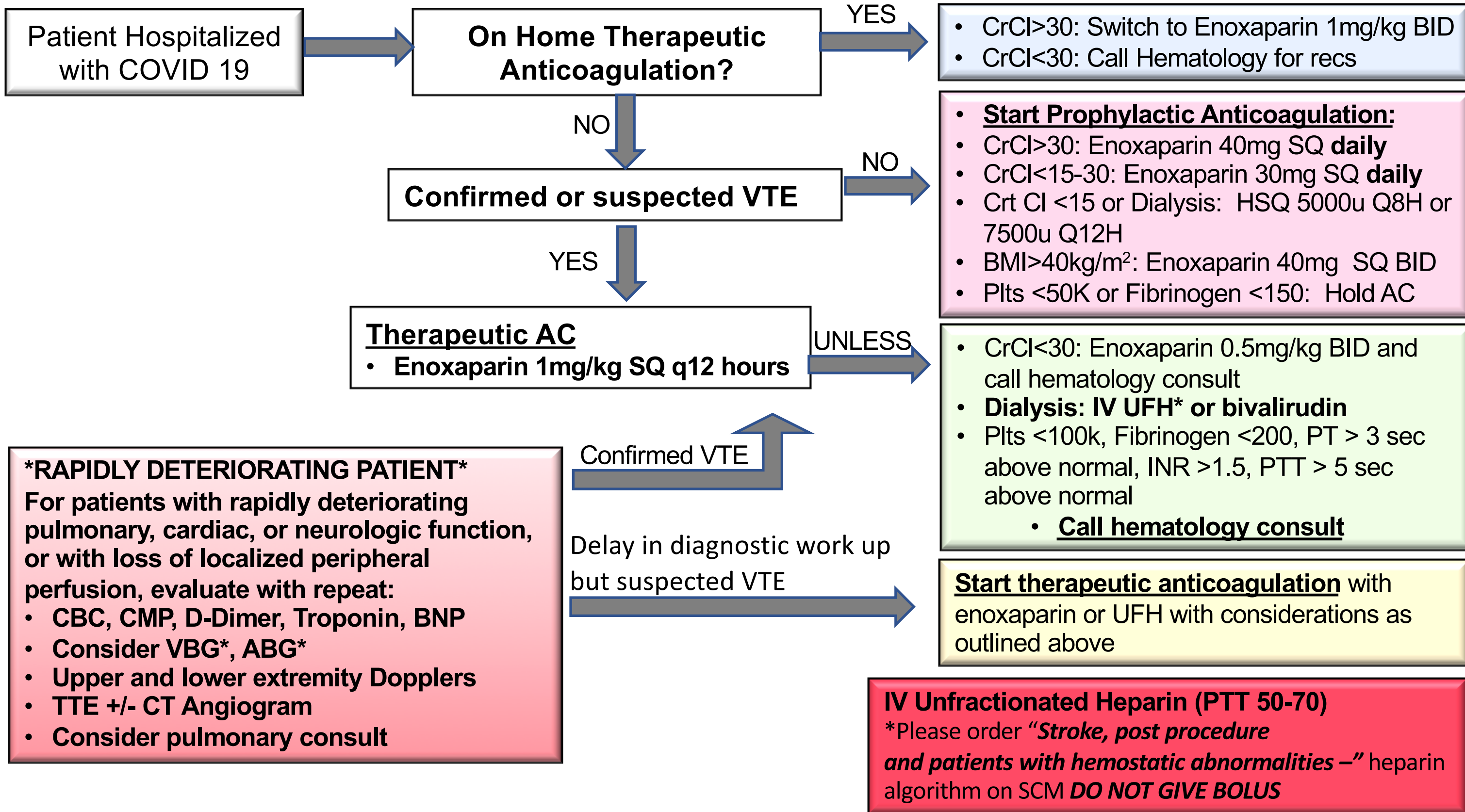
RWJUH COVID 19 Inpatient Anticoagulation Recommendations

Screening Questions:
- ❑ History of HIT/Heparin allergy?
- ❑ Personal or family history of bleeding?
- ❑ ANY bleeding in last 3 months/recent surgery/peptic ulcer/acute unexplained drop in Hgb ≥ 2g from baseline
- ❖ **Consider Hematology Consultation**

Labs on AC Initiation AND Dose Escalation:
- ❑ Complete blood count (CBC)
- ❑ Complete metabolic panel (CMP)
- ❑ PT/PTT/INR
- ❑ Fibrinogen
- ❑ D-Dimer

Consider Hematology Consult:
- ❑ ECMO, LVAD, CVVHD
- ❑ Worsening AKI
- ❑ Active bleeding

Special Considerations:
- ❖ **For patient on antiplatelets, please evaluate if its use is indicated.**
- ❖ **SCDs** if patient can not be on AC
- ❖ Start **PPI** for AC/anti-platelets/steroid use h/o PUD, GERD, chronic NSAID hx
- ❖ **GI consultation before anticoagulation** if active PUD, hx of GIB w/o proven healing, decomp. cirrhosis



❖ **Discharge Planning:**

For patients with no known VTE:
- Do not recommend anticoagulation on discharge

For patients on therapeutic anticoagulation and confirmed VTE:
- Continue therapeutic anticoagulation (Inpatient Enoxaparin dose, Eliquis 5mg BID, Xarelto 20mg daily) for at least 3 months and Hematology follow up

DOACS should be avoided on discharge if Child-Pugh Class B or C