Anticoagulation Dosing Recommendations for COVID-19 Patients
The following dosing recommendations apply to all COVID-19 positive and rule out adult patients at UMMC.

**Standard prophylactic anticoagulation:**
- **Normal:** Enoxaparin 40 mg SQ daily or Enoxaparin 30 mg SQ twice daily (trauma patients)
  - BMI 40 – 49: Enoxaparin 40 mg SQ twice daily
  - BMI > 50: Enoxaparin 60 mg SQ twice daily
- **Renal failure (CrCl < 30):** Heparin 5000 units SQ every 8 hrs or Enoxaparin 30 mg SQ daily
  - BMI > 40: Heparin 7500 units SQ every 8 hrs

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**Therapeutic anticoagulation:**
- **Normal renal function:** Enoxaparin 1 mg/kg SQ twice daily
  - Weight > 150 kg, utilize heparin infusion
- **Renal failure (CrCl < 30):** Enoxaparin 1 mg/kg SQ once daily OR COVID heparin infusion

**Enoxaparin monitoring:** If dosing for renal failure consider an anti-Xa 3-5 hrs after 3rd dose (goal 0.6 – 1.0)

**Concerned for clinically significant bleeding (H/H drop, blood product requirement, stroke) or primary team discretion**

**Floor < 20 Lpm**

**ICU, Floor ≥ 20 Lpm**

**Additional recommendations:**
- Review prior to admission meds to ensure not previously on Therapeutic Anticoagulation
  - If so, please maintain Therapeutic Anticoagulation
- NO recommendation for escalation of anticoagulation based on lab values alone (D-dimer, etc)
- Repeat CBC 1-2x weekly
- Recommend an anti-Xa level for enoxaparin in the setting of renal failure ONLY to reduce the amount of blue tops used
- If patient requires therapeutic anticoagulation during entire inpatient stay, after day 14 may consider standard prophylaxis if deemed clinically necessary
- **Providers** - Consider empirically continuing prophylaxis for post-discharge in patients with hypercoagulability. Should consider if patient has ongoing VTE risk factors or may benefit from extended post-hospital VTE prophylaxis.