

## **Patient Safety Alert**



# Changes to dalteparin for VTE prevention in patients with COVID-19 (suspected or proven)

Emerging data suggests COVID-19 is associated with increased risk of thrombosis, and prophylactic dalteparin is associated with reduced mortality in the most unwell patients.

In order to balance this thrombotic potential with the risk of bleeding, interim guidance has been agreed to:

- 1. Increase the standard thromboprophylaxis dose to an intermediate dose for patients with the poorest prognosis with COVID-19
- 2. Offer patients extended standard dose thromboprophylaxis on discharge

### Dose of dalteparin for inpatients with suspected or proven COVID-19

(Patients 16 years and older, excluding pregnancy and the puerperium)

<b>D-dimer (microgram/L FEU)</b> (based on highest d-dimer i.e. that on admission or on subsequent days)	Weight (kg)	Dalteparin dose (units)
Less than 3000:	Less than 46	2,500 once daily
Standard dose for weight dalteparin prophylaxis	<b>46</b> -120	5,000 once daily
	121-150	7,500 once daily
	More than 150	5,000 twice daily
Equal to or more than 3000:  Intermediate dose for weight dalteparin prophylaxis	Less than 46	2,500 twice daily
	<b>46</b> -120	5,000 twice daily
	121-150	7,500 twice daily
	More than 150	10,000 twice daily

#### ICU patients:

 It is advised to give intermediate dose dalteparin prophylaxis (see table) following VTE risk assessment, unless there is a clinical reason not to.

#### • Extended prophylaxis on discharge:

 Prescribe 7 days of standard dose dalteparin prophylaxis on discharge if the patient or member of household able to administer

#### Patients seen in ED/AAU and discharged without admission:

 Consider prescribing 7 days standard dose dalteparin prophylaxis on an individual basis, taking into account additional VTE risk factors, if the patient or member of household able to administer.

EPR are working on new power plans within the VTE risk assessment to support this change in prescribing.

Full interim guidance please is available here.

Anticoagulation and Thrombosis Team, April 2020 Checked by Cate Leon – Medicine Safety Pharmacist

Approved by John Reynolds

