Prior indication for therapeutic anticoagulation (AF, VTE, mechanical heart valve, ...)

Hospitalised patient with COVID-19

No known VTE or indication for therapeutic anticoagulation

In patients at high risk of bleeding (such as low platelet count, recent major bleeding, dialysis, ...), risks and benefits of thromboprophylaxis should be weighed on an individual basis

In-hospital

Continue anticoagulation

Consider switching to LMWH (1)
(therapeutic, 100IU/kg BID)

If confirmed VTE
Start therapeutic anticoagulation

<table>
<thead>
<tr>
<th>ICU</th>
<th>Non- ICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>CrCl &gt; 30</td>
<td>CrCl &lt; 30</td>
</tr>
<tr>
<td>50IU/kg BID</td>
<td>50IU/kg OD</td>
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<td>50IU/kg OD</td>
<td>50IU/kg OD</td>
</tr>
</tbody>
</table>

CrCl < 30

CrCl > 30

Extended thromboprophylaxis (4-6 weeks 50IU/kg OD(3))

Standard thromboprophylaxis (2 weeks, 50IU/kg OD(3))

Risk factors for VTE(2)

Extended thromboprophylaxis

Standard thromboprophylaxis

At discharge

Candidate for oral therapy
(no GI disease, good oral intake)

Switch back to oral anticoagulation

Continue therapeutic LMWH(3) until outpatient control

Risk factors for VTE(2)

Extended thromboprophylaxis (4-6 weeks 50IU/kg OD(3))

Standard thromboprophylaxis (2 weeks, 50IU/kg OD(3))

(1) Consider switching to LMWH in following conditions: severely ill patient, GI symptoms, planned invasive procedures, unstable INR and/or presence of drug-drug interactions

(2) ICU stay, known thrombophilia, obesity, immobilisation, heart failure, respiratory failure, age >70, personal or familial history of VTE, active cancer and/or major surgery in the last 3 months

(3) If possible (eligibility, good oral intake, ...) consider DOAC treatment or self-administration of LMWH