**Non-hospitalised patients**

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.

1. **Chronic anticoagulation treatment** (AF, VTE, mechanical heart valve,...)
   - **Continue anticoagulation**
     - **For VKA:** No change in standard procedures
     - **For DOAC/LMWH:** Consider control of renal function in patients with prior renal insufficiency or in patients with high fever, GI symptoms and/or reduced oral intake

2. **Ambulatory patient with confirmed COVID-19 infection**
   - Encourage mobilisation and hydration!

3. **No known VTE or indication for therapeutic anticoagulation**
   - **No, minimal or mild symptoms**
     - Not bedridden
   - **More severe symptoms; bedridden**
   - **Risk factors for VTE**
     - Prophylactic dose of LMWH can be considered
       - Duration of 14 days followed by reassessment
   - **Prophylactic dose of LMWH**
     - Duration of 14 days followed by reassessment
   - **Referral for appropriate diagnostic testing**
     - If clinical suspicion is high and bleeding risk is low, consider treatment while awaiting results

(1) **Risk factors for VTE:** known thrombophilia, obesity, heart failure, respiratory failure, age >70, personal or familial history of VTE, active cancer and/or major surgery in the last 3 months