A732 - Survey of current practice in management of anticoagulation in adult critically ill patients with COVID-19 in the Northwest of England

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Introduction:
There is increasing evidence that coronavirus disease 2019 (COVID-19) causes micro- and macrovascular thrombi. However, the best prophylactic anticoagulation strategy for critically ill patients with COVID-19 remains unclear with no concordant official guidance [1]. The purpose of this survey is to establish which anticoagulation strategies are being used for critically ill patients with COVID-19 within the Northwest of England.

Methods:
We conducted a 13-item online survey assessing local anticoagulation strategies and thromboembolic events in adult, critically ill patients with COVID-19. Clinical directors of critical care units within Northwest England were invited to participate and share the questionnaire with their consultant and junior doctor colleagues. The survey was conducted between April 17th and May 1st 2020.

Results:
There were 38 respondents, of which 66% were consultants and 29% were junior doctors. The majority of participants (91%) reported regularly using prophylactic anticoagulation. Half of respondents (49%) reported that they had changed their anticoagulation strategy to split dose low molecular weight heparin (LMWH), whilst 31% had changed to therapeutic dose LMWH. D-dimer was used to guide anticoagulation by 15% of respondents, with cut offs of 1000 and 3000ng/mL as an indicator to give higher dose LMWH. Anti-Xa levels were used by 17% of participants to guide the dose of prophylactic anticoagulation.

Conclusion:
Prophylactic anticoagulation is still routinely used to treat critically ill patients with COVID-19 in the Northwest of England, but there is variation in practice, and deviation from usual practice due to clinical evidence of thromboses. There is an urgent need for data to guide the anticoagulation strategy in patients with COVID-19.

References: