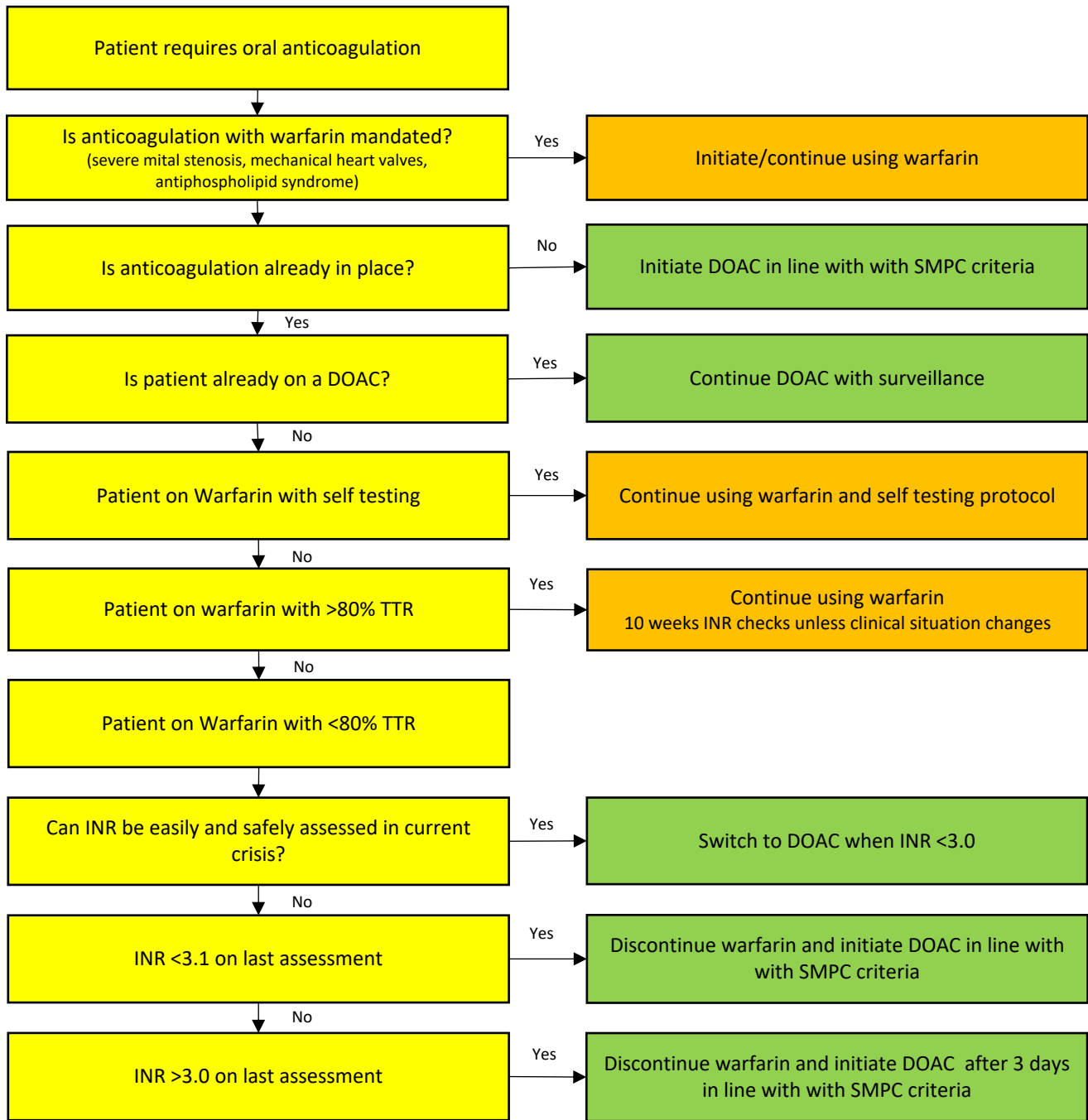


Anticoagulation during Covid-19



Anticoagulation and Covid-19

The British Society of Haematology, Haemostasis and Thrombosis Task Force released a statement on 26th March 2020 with key points:

- INR is an essential component of safe anticoagulation that cannot be omitted due to social distancing
- Assess whether a DOAC can be used instead of warfarin. Exclusions are
 - Mechanical heart valves
 - Antiphospholipid syndrome
 - Renal failure with creatinine clearance below 15mls/min
 - Patient requiring high range INR
 - Concomitant use of medication that interacts with DOAC
- If a DOAC is an option consider switching in line with patient’s informed consent
- If people have a high TTR then the interval between testing could be extended to 8-10 weeks
- If people have to self-isolate then the INR can be deferred until after self isolation

Warfarin during Covid-19

As highlighted by the BSH the interval between INR test may be extended and this should be considered when using Computer Aided Decision software. This may mean that the dosing system may require over riding to extend the testing interval. This should be undertaken under normal clinic operating procedures

DOAC surveillance during Covid-19

DOACs are not without a need for surveillance as their dosing is determined by renal function:

- Creatinine Clearance >60mls/min Routine surveillance at 12 months
- Creatinine Clearance >50mls/min with out recent decline Routine surveillance at 6 months
- Creatinine Clearance <50mls/min with out recent decline Routine surveillance at 3 months
- Creatinine Clearance <25mls/min Surveillance should be individually assessed

Social Isolation and Social Distancing

During the Covid-19 Crisis we need to ensure that patients requiring anticoagulation continue to be appropriately managed. Many will require to “socially distance” and this should not affect the quality and safety of their anticoagulation.

If they are on warfarin then consideration of a switch to DOAC should be discussed with the patient, however if warfarin is mandated then widening of the INR testing interval can be considered if safe to do so to reduce social and staff exposure.