All hospitalized pregnant COVID-19 + Patients ≥ 18 years old admitted to the hospital should receive DVT prophylaxis unless contraindicated.

**Low Risk = Standard Thromboembolic Prophylaxis**
- All patients who do NOT have a clear indication for full dose/therapeutic anticoagulation, AND do not meet criteria for "Intermediate Risk" group.

**Intermediate Risk = High Intensity Thromboembolic Prophylaxis**
- Recommend if ANY of the following:
  - Admitted to an ICU
  - High-flow nasal oxygen
  - BMI ≥ 40 kg/m² while pregnant
  - BMI ≥ 30 kg/m² post-partum
  - Rapidly increasing D-dimer
  - ECMO

**High Risk = Therapeutic Anticoagulation**
- Recommend if ANY of the following:
  - Continuation of home therapy
  - Evidence of new DVT or PE
  - High clinical suspicion for DVT/PE, but objective evidence cannot be obtained
  - Consider if ANY of the following:
    - Renal failure on RRT with repetitive clotting of circuit (2 circuits in 24 hours)
    - Persistently elevated D-dimer without clinical improvement

**Recommendations for monitoring**
- **Admission labs:**
  - See ID work-up guidance algorithm
  - D-dimer

- **Ongoing surveillance if in Intermediate or High Risk group or change in clinical status:**
  - D-dimer every 48 hours until down trending
  - Daily CBC and platelet count, if plt < 100, evaluate for DIC (fibrinogen, PT, aPTT) and modify intensity if sx of bleeding

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*Post Discharge:* Consider ASA 81mg or prophylactic dose LMWH for 14 days if post-partum