

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

COVID-19 rapid guideline scope: prevention and management of thromboembolism in COVID-19

NHS England and NHS Improvement have asked NICE to develop a guideline on prevention and management of thromboembolism in COVID-19.

1 Who the guideline will cover

Recommendations in the guideline will cover:

- Adults (aged 16 years and older) who are receiving care in hospital or in the community for suspected or confirmed COVID-19.
- Adults (aged 16 years and older) who have received care in hospital or in the community for COVID-19.

Specific consideration will be given to:

- Care during pregnancy and the first 6 weeks after giving birth.
- People receiving treatment with sex hormones.
- People who have or have previously had cancer.
- People receiving renal replacement therapy or extracorporeal membrane oxygenation.
- People with clotting conditions or a history of venous thromboembolism.
- People with obesity (BMI 30 kg/m² or higher).

2 Who the guideline is for

The guideline will be of interest to:

- Healthcare professionals, commissioners and providers of NHS-funded healthcare services.
- People using services, their families and carers.

It may also be relevant to providers of private health and social care services.

3 Equality considerations

NICE has carried out an [equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to reducing the risk of venous thromboembolism (VTE) in COVID-19 on religion or beliefs, people with a learning disability and disabled people.

4 Proposed themes and questions

This section lists the proposed key themes and questions that we will consider when developing the guideline. We will look at evidence in these areas when developing the guideline, but it may not be possible to make recommendations in all areas. This section also lists themes that will be excluded; these are outside the scope of the guideline, and we will not look at evidence in these areas.

Key themes

- Pharmacological VTE prophylaxis for adults receiving care in hospital or in the community for suspected or confirmed COVID-19.
- Pharmacological VTE prophylaxis for adults who have received care in hospital or in the community for COVID-19.

Key questions

- What is the effectiveness and safety of pharmacological prophylaxis to reduce the risk of VTE in adults receiving care for suspected or confirmed COVID-19?
- What is the effectiveness and safety of pharmacological prophylaxis to reduce the risk of VTE in adults who have received care for COVID-19?

Themes to be excluded

- Managing VTE in people with COVID-19. Management of all adults is covered by the [NICE guideline on venous thromboembolic diseases: diagnosis, management](#)

[and thrombophilia testing](#) and our scoping work indicated that no changes to management are expected for people with COVID-19.

- Reducing the risk of venous thromboembolism in children and young people with COVID-19. The presentation of COVID-19 in children is substantially different from that in adults. The risk of venous thromboembolism related to COVID-19 is a specific concern for adults who are more likely to be admitted to hospital with COVID-19 related complications such as coagulopathy.
- Reducing the risk of arterial thromboembolism. The type of thromboembolism seen in people with COVID-19 is predominantly venous.
- Assessing risk of venous thromboembolism in people with COVID-19. Risk assessment of all adults is covered by the [NICE guideline on venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism](#) and our scoping work indicated that no changes to risk assessment are expected for people with COVID-19.
- Diagnosing venous thromboembolism in adults is covered by the [NICE guideline on venous thromboembolic diseases: diagnosis, management and thrombophilia testing](#) and our scoping work indicated that no changes to diagnosis are expected for people with COVID-19.
- Non-pharmacological interventions to reduce the risk of venous thromboembolism in people with COVID-19. Mechanical prophylaxis is covered by the [NICE guideline on venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism](#) and no changes to mechanical prophylaxis are expected for people with COVID-19.
- Monitoring pharmacological prophylaxis. Information on monitoring is in each medicine's summary of product characteristics and the BNF.

5 Draft review protocols

[Table 1](#) lists the draft review protocols for this guideline.

Table 1 Draft review protocols

Review question	Population	Intervention and comparator	Outcomes
What is the effectiveness and safety of pharmacological prophylaxis for reducing the risk of venous thromboembolism in adults being treated for suspected or confirmed COVID-19?	Adults receiving care for suspected or confirmed COVID-19	<p>Intervention</p> <ul style="list-style-type: none"> pharmacological prophylaxis direct oral anticoagulants (DOACs) low molecular weight heparin (LMWH) unfractionated heparin (UFH) fondaparinux sodium <p>Comparator:</p> <ul style="list-style-type: none"> to each other placebo/no treatment same drug with different dosing strategy 	<ul style="list-style-type: none"> incidence of venous thromboembolism (VTE, PE, DVT) mortality (all-cause mortality, inpatient mortality, COVID-related mortality) admission to critical care (including use of advanced organ support) serious adverse events (such as major bleeding or admission to hospital)
What is the effectiveness and safety of pharmacological prophylaxis to reduce the risk of VTE in adults who have received care for COVID-19?	Adults after treatment for COVID-19	<p>Intervention</p> <ul style="list-style-type: none"> pharmacological prophylaxis direct oral anticoagulants (DOACs) low molecular weight heparin (LMWH) unfractionated heparin (UFH) fondaparinux sodium <p>Comparator:</p> <ul style="list-style-type: none"> to each other placebo/no treatment 	<ul style="list-style-type: none"> incidence of venous thromboembolism (VTE, PE, DVT) mortality (all-cause mortality, inpatient mortality, COVID-related mortality) admission to critical care (including use of advanced organ support) serious adverse events (such as major bleeding or admission to hospital)

6 Related NICE guidance

[NICE's guideline on venous thromboembolism in over 16s \(NG89\)](#) covers prevention of venous thromboembolism in all hospital patients.

This guideline covers hospital patients who have suspected or confirmed COVID-19. Because of a predicted absence of evidence on preventing VTE in people with COVID-19, we may extrapolate from existing recommendations. Where appropriate, we will:

- cross-refer to relevant content from NG89
- direct readers from NG89 to relevant content in the COVID-19 rapid guideline.

[NICE's guideline on venous thromboembolic diseases \(NG158\)](#) and [range of technology appraisals and interventional procedures guidance on embolism and thrombosis](#) cover diagnosis, treatment and secondary prevention of venous thromboembolism. The COVID-19 rapid guideline will not cover these aspects of care so will not overlap with our published guidance.

7 About COVID-19 rapid guidelines

NICE COVID-19 rapid guidelines contain recommendations on managing suspected or confirmed COVID-19. This includes general measures to reduce exposure to infection and areas of the patient pathway where management will be different because of COVID-19.

They do not generally include recommendations on:

- staff training needed to deliver care if workforce capacity is reduced
- procuring, distributing and using personal protective equipment
- procuring and distributing COVID-19 tests.

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