Rapid COVID-19 Clinical Guidelines

COVID-19 rapid guideline: reducing the risk of venous thromboembolism in over 16s

Thematic summary of stakeholder comments

Comments were received from 15 organisations, including patient groups, societies and professional bodies.

Theme 1: VTE risk assessment, dosage and consideration of certain population groups

Stakeholders were broadly supportive of recommendations on managing patients with COVID-19 pneumonia in hospital.

However, stakeholders requested more information on how to perform a bleeding risk assessment. This was considered by the panel and a link to NICE guideline NG89 was added, which includes recommendations on risk assessment for medical patients.

Stakeholders highlighted a lack of good quality evidence supporting the recommendation to offer VTE prophylaxis for 7 days and suggested that this was an arbitrary timeframe. The NICE guideline NG89 on reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism recommends pharmacological VTE prophylaxis for at least 7 days for acutely ill medical patients. The duration of 7 days was recommended in NG89 as it is the average duration presented in the trials evaluated throughout the guideline. The panel noted that from their clinical experience and their awareness of data from epidemiological studies that the rates of VTE are high in patients with COVID-19 and emphasised the importance of following this recommendation for patients with COVID-19.

Stakeholders also requested more detail on the dosing of low molecular weight heparin (LMWH), in particular for those patients with COVID-19 and other risk factors. The panel discussed this at length and agreed that there was not enough evidence to inform additional specific recommendations for people with COVID-19 and additional risk factors.

It was also noted by stakeholders that there was no evidence to inform adjustment of dose of LMWH according to bodyweight. The panel considered this and agreed that those patients at the extremes of bodyweight should be given consideration when dosing LMWH to ensure the correct dose is administered. It was noted by the panel that the summary of product characteristics (SPC) for LMWHs provides information about dosing and monitoring in patients who are obese or have a low body weight. This will minimise any dosing errors in these patients.

An issue was raised by stakeholders regarding the management of those people who have conditions covered by NICE guideline NG89 (such as cancer), but also have COVID-19. The panel noted that the rapid COVID-19 guideline and NG89 are complementary; however this guideline directly addresses those patients who are admitted to hospital with COVID-19 pneumonia and therefore should be used initially to manage these patients, with cross reference to NG89 when appropriate. Wording was added to the landing page for this guideline, to make it clear that this guideline is for those people with COVID-19 pneumonia.

For those patients who are already prescribed anticoagulation, one stakeholder noted that additional wording should be added to clarify how these patients should be managed. The panel discussed and agreed that additional wording to 'continue their current therapeutic dose of anticoagulation unless clinically contraindicated by a change in clinical circumstances' should be added to the recommendation.

Theme 2: Clarity of terminology

Multiple stakeholders requested clarity on the definition of 'advanced respiratory support'. One stakeholder also requested clarity on the definition of 'intermediate dose' of VTE prophylaxis. This was discussed with the panel and definitions of both terms have been added to the guideline to aid implementation.

Theme 3: Data collection

All stakeholders that responded welcomed the recommendation around collecting data on bleeding and other adverse events in patients with COVID-19 pneumonia given intermediate doses of pharmacological VTE prophylaxis. One stakeholder commented that hospitals do not currently have dedicated processed for collecting data on bleeding while on anticoagulation.

This issue was considered by the panel and although there are no standardised processes for data collection, the recommendation has been amended to reflect that it is good practice to collect and regularly review information on these patients, given the increased risk of bleeding and adverse effects.

Theme 4: Treatment on discharge

Stakeholders expressed mixed views on the recommendation to complete pharmacological VTE prophylaxis after discharge, with the majority raising concerns.

Stakeholders raised concerns about the recommended duration of treatment post discharge. The panel considered the concerns raised and noted this recommendation is intended for those patients who have been prescribed VTE prophylaxis whilst in hospital and need to complete the course after discharge. As there was some misinterpretation of the recommendation intent, the wording of the recommendation was amended for clarity.

A further issue that was noted by the stakeholders was regarding the practicality of administering LMWH post discharge. The panel agreed that most people admitted to hospital with COVID-19 pneumonia will remain in hospital for longer than 7 days and therefore will not require LMWH on discharge. For those people that are discharged with LMWH, it is common practice to educate the patient/relative on LMWH administration. However, the panel acknowledged that there is a very small group of people that will require the district nurse to administer LMWH for a number of days post discharge. In these circumstances local arrangements will be made and the district nurse should follow standard personal protective equipment (PPE) advice, including using appropriate PPE.

Theme 5: Community implementation

Stakeholders expressed mixed views on the recommendation for patients with COVID-19 pneumonia managed in community settings, with the majority raising concerns.

Stakeholders raised concerns about the difficulty of implementation in the community setting. The panel discussed this issue at length and agreed that further clarity was needed. The recommendation relates to those patients with COVID-19 pneumonia (with hypoxia) in community settings who are being managed in a hospital at home setting and aims to ensure they receive the same care to reduce their risk of VTE as those people admitted to hospital. This recommendation does not cover all people in the community with COVID-19. In response to this feedback, further detail was added to the recommendation and rationale section of the guideline to clarify the intent and population covered.

The panel appreciated the issues raised by stakeholders regarding the variations of LMWH prescribing in the community and potential difficulties in performing risk assessments remotely. However, it was agreed that the majority of GP's can complete risk assessments and the panel noted the BMJ guidance on 'COVID-19: a remote assessment in primary care' provides further information on performing remote assessments. In addition, the panel noted there is no clinical reason to prevent LMWH prescribing, as this would be considered best practice.

In addition, one stakeholder raised the issue of those patients that attend the emergency department with highly suspected COVID-19 and are at increased risk of VTE, but are not admitted to hospital. The panel agreed that this recommendation only covers those patients with COVID-19 pneumonia and not those patients that present to the emergency department, but are not admitted.

Stakeholders welcomed the recommendation for women with COVID-19 who are pregnant or have given birth within the past 6 weeks.

Theme 6: Patient information

Stakeholders welcomed the recommendation on provision of information and support for patients.

One stakeholder commented on the need to provide further information links to patient information that can be accessed from the guideline. This was considered however any the links to external information may get removed or the information contained within the links could change without our knowledge. The panel agreed to cross-reference to NICE guideline NG89, which provides further detail on provision of information and support for patients.

Theme 7: Clarity of research recommendations

One stakeholder suggested that the research recommendation needed to be focussed on the effectiveness and safety of standard dose compared with intermediate dose thromboprophylaxis, regardless of whether the patient has additional risk factors. The panel discussed the issue and refined populations covered by the research question as well as adding more detail to the PICO.