

Table 1. Recommendations for evaluation, prevention and treatment of pediatric COVID-19 related VTE

CLINICAL PARAMETER	PEDIATRIC RECOMMENDATIONS	OTHER CONSIDERATIONS
Laboratory evaluation and monitoring	<ul style="list-style-type: none"> We recommend obtaining a complete blood count (CBC) with platelet count, fibrinogen, prothrombin time, D-dimer on admission and serially for monitoring 	<ul style="list-style-type: none"> <u>Common findings:</u> <ul style="list-style-type: none"> Elevated D-dimer Elevated fibrinogen Mildly decreased platelet count DIC Increases in D-dimer and DIC severity may indicate worsening disease process
Imaging	<ul style="list-style-type: none"> Baseline or surveillance imaging are not recommended in the absence of clinical symptoms of venous thromboembolism Imaging may not be needed prior to initiation of therapeutic anticoagulation if a thromboembolic event or pulmonary embolus is strongly suspected 	<ul style="list-style-type: none"> Type of imaging for diagnosis of VTE should consider hospital epidemiologic practices and risks of exposure during transport and while obtaining the study
Risk Evaluation for thrombosis	<ul style="list-style-type: none"> We recommend that all pediatric patients admitted for management of SARS-CoV-2 infection be evaluated upon admission, and daily thereafter for thrombotic risk and We recommend that all patient patients at risk for thrombosis with SARS-CoV-2 infection be initiated on mechanical and/or pharmacologic prophylaxis, if appropriate 	<ul style="list-style-type: none"> <u>Risk factors for thrombosis to consider:</u> <ul style="list-style-type: none"> Personal history of thrombophilia or VTE First degree relative with VTE Presence of central venous line Post-pubertal age Decreased mobility from baseline Burns Active malignancy Indications of venous stasis or cardiac low flow state Estrogen therapy Active systemic infection Flare of inflammatory disease Obesity Severe Dehydration Recent surgery or trauma
Pharmacologic Management	<ul style="list-style-type: none"> If pharmacologic prophylaxis is indicated, we recommend low-molecular weight heparin or unfractionated heparin over other agents given more extensive pediatric experience with heparin agents Therapeutic anticoagulation is recommended for patients receiving anticoagulation therapy prior to admission and for patients with highly suspected or demonstrated VTE 	<ul style="list-style-type: none"> We do not recommend use of direct oral anticoagulants due to limited data in children and adults with COVID-19
Thrombolytic Therapy	<ul style="list-style-type: none"> Thrombolytic therapy can be considered for patients with a hemodynamically unstable pulmonary embolus or limb threatening deep vein thrombosis Overall, we suggest that decision-making for thrombolytic therapy be a coordinated approach involving the critical care team, hematologists and interventionalists 	<ul style="list-style-type: none"> Systemic alteplase may be preferred over local mechanical thrombolysis given the risk of exposure with transfer to and utilization of an interventional suite, however, contraindications to systemic alteplase must also be considered