

TO: YNHHS MEDICAL AND PHARMACY STAFF

FROM: YNHHS COVID-19 TREATMENT TEAM
YNHHS SIM ICU TEAM

SUBJECT: Addition of Aspirin Therapy for COVID-19 Patients

DATE: MAY 8TH 2020

Situation:

Some hospitalized COVID patients have evidence of microthrombotic events associated with endothelial disruption which may be mediated in part by platelet over-activation.

Background:

COVID illness may predispose patients to arterial and venous micro/macro thrombotic disease.

Assessment:

Initial analysis of thromboelastography in COVID positive patients reveals a hypercoagulopathy state that is dissimilar to disseminated intravascular coagulation. Markers of platelet hyperfunction and excess von Willebrand factor indicative of endothelial cell activation have raised the question as to whether the addition of platelet inhibitors to the current anticoagulation pathways for COVID patients would be appropriate.

An in-house analysis has suggested that the addition of aspirin does not significantly increase bleeding risk although its efficacy is unclear. Given its low-risk safety profile, it is reasonable to consider adding aspirin as an antiplatelet agent to treatment of hospitalized COVID patients.

Recommendations:

All COVID positive patients should receive aspirin 81mg daily unless contraindicated while hospitalized. Refer to the YNHHS treatment algorithm for details.