

## Supplemental Material- Tables

Supplemental table 1. Thromboprophylaxis protocol in COVID-19 admitted patients.

Characteristics of anticoagulation prior to admission and thrombotic risk	Recommendation	
<b>Patients chronically anticoagulated:</b>		
VKA	Continue treatment. If absolute diet and/or general deterioration, change to LMWH.	
DOAC	Maintain the same if no outstanding interactions.	
<b>Patients not previously anticoagulated, depending on the risk:</b>		
Standard thrombotic risk (those that do not have a high risk).	Weight and/or clearance:	Dose:
	<50 kg or elderly with clearance <15-30 ml	2.500 IU sc/day of bemiparine or 20 mg sc/day of enoxaparin.
	51-80 kg	40 mg sc/day of enoxaparin or 3 500 IU sc/day of bemiparine.
	81-100 kg	60 mg sc/day of enoxaparin
	>100 kg	80 mg sc/day of enoxaparin
High thrombotic risk*	Weight and/or clearance:	Dose:
	<50 kg or elderly with clearance <15-30 ml	3.500 IU sc/day of bemiparine or 40 mg/sc/day of enoxaparin
	51-80 kg	60 mg/day/sc of enoxaparin

	81-100 kg	80 mg/day/sc of enoxaparin
	>100 kg	100 mg/day/sc of enoxaparin
High suspicion of PTE	1 mg/kg/12h of enoxaparin	

VKA: vitamin K antagonist. DOAC: direct oral anticoagulant. LMWH: low-molecular-weight heparin. PTE: pulmonary thromboembolism. \*High thrombotic risk (any of the following criteria: severe COVID-19\*\*, D-dimer >2.000 ng/mL, first-line personal or family history of VTD, and personal history of arterial ischemic pathology [peripheral, cardiological, or neurological]). \*\*Severe COVID-19 (at least two of the following criteria: PCR >200 mg/L, D-dimer >1.000 ng/mL, IL-6 >40 pg/mL, ferritin >1.000 ng/mL, lymphocytes <0.8x10<sup>9</sup>/L).

**Supplemental table 2. Thromboprophylaxis protocol in COVID-19 patients at hospital discharge.**

Characteristics	Recommendation	
<b>If absence of haemorrhagic risk* and score ≥4 in Padua**</b>		
LMWH regimen	Weight and/or clearance:	Dose:
	≤50 kg or elderly with ACR <30 ml/min	2.500 IU sc/day of bemiparine or 20 mg sc/day of enoxaparin
	51-80 kg	40 mg sc/day of enoxaparin or 3 500 IU sc/day of bemiparine
	81-100 kg	60 mg sc/day of enoxaparin
	>100 kg	80 mg sc/day of enoxaparin
Duration	Two weeks. Four weeks if high thrombotic risk.	
<b>If there is haemorrhagic risk and/or score of ≤4 in Padua</b>	No treatment with LMWH.	

*LMWH: low-molecular-weight heparin.* \*Absence of high haemorrhagic risk: absence of active significant haemorrhage or thrombopenia <50 000/ $\mu$ l, double anti-aggregation, or active peptic ulcer in the last three months. \*\*Modified Padua score [5] (history of VTE: 3 points; thrombophilia: 3 points; active cancer: 3 points; BMI  $\geq$ 30: 1 point; chronic pulmonary disease: 1 point; acute heart failure or respiratory failure: 1 point; life-threatening rheumatological disease: 1 point; reduced mobility: 3 points; hormone therapy with oral contraceptives: 1 point, and age  $\geq$ 70 years: 1 point).

**Supplemental table 3. Basal characteristics of the subjects.**

Variable	N=113	
Sex, n (%)	66 (58.4) males	
Age, median (IQR)	70 (56-77)	
Weight, median (IQR)	76.5 (68.5-84.5)	
Hypertension, n (%)	62 (54.9)	
Obesity, n (%)	43 (38.1)	
Diabetes, n (%)	28 (24.8)	
Chronic pulmonary disease, n (%)	18 (15.9)	
Chronic kidney disease, n (%)	10 (8.8)	
Immunosuppression, n (%)	4 (3.5)	
Severe liver failure, n (%)	1 (0.9)	
Active cancer, n (%)	8 (7.1)	
Previous VTE, n (%)		
	If previous VTE	9 (8)
	First-degree relative with VTE	1 (0.9)

<b>History of arterial ischemic pathology (peripheral, cardiological, and neurological), n (%)</b>	18 (15.9)	
<b>Analytical parameters at admission, median (IQR)</b>		
D-dimer (ng/mL)	792 (479-1.622)	
C-reactive protein (mg/L)	65 (26-142)	
Ferritin (ng/mL)	402 (240-865)	
Lymphocytes ( $10^9/L$ )	0.9 (0.6-1.2)	
<b>Clinical characteristics at admission, n (%)</b>		
Level of severity of pneumonia		
	Uncomplicated illness	7 (6.2)
	Mild pneumonia	72 (63.7)
	Severe pneumonia	32 (28.3)
	Sepsis	2 (1.8)
Level of severity of COVID-19		
	Severe COVID-19	46 (40.7)
	Non-severe COVID-19	66 (58.4)
Thrombotic risk		
	Standard thrombotic risk	50 (44.2)
	High thrombotic risk	62 (54.9)

<b>Anticoagulation prior to admission, n (%)</b>	18 (15.9)	
<b>Anticoagulant therapy prior to admission, n (%)</b>		
	DOAC	6 (5.3)
	VKA	8 (7.1)
	LMWH	4 (3.5)

*IQR: interquartile range; VTE: venous thromboembolic events; DOAC: direct oral anticoagulant; VKA: vitamin K antagonist; LMWH: low-molecular-weight heparin.*

**Supplemental table 4. Characteristics of the subjects according to the Padua Predictive Scores.**

<b>Risk factors according to the adjusted Padua Prediction Scores</b>	<b>N=113</b>
<b>VTE history, n (%) (3 points)</b>	18 (15.92)
<b>Thrombophilia, n (%) (3 points)</b>	2 (1.76)
<b>Active cancer, n (%) (3 points)</b>	5 (4.42)
<b>BMI &gt;30, n (%) (1 point)</b>	40 (35.39)
<b>Acute heart/respiratory failure, n (%) (1 point)</b>	9 (7.96)
<b>Chronic pulmonary disease, n (%) (1 point) (1 point)</b>	17 (0.44)
<b>Life-threatening rheumatological disease, n (%), n (%) (1 point)</b>	4 (3.53)
<b>Therapy with oral contraceptives, n (%), n (%)</b>	0
<b>Reduced mobility, n (%) (3 points)</b>	26 (23)
<b>Age &gt;70 years, n (%)</b>	42 (37.16)