ANTICOAGULATION DOMAIN ADMINISTRATION GUIDE

Conventional low dose thromboprophylaxis

SECTION 1: REMAP-CAP ANTICOAGULATION DOMAIN INTERVENTIONS

This domain aims to compare the effectiveness of different anticoagulation strategies for patients with suspected or confirmed COVID-19 infection. In this domain, patients are randomised to receive:

- Conventional low dose thromboprophylaxis
- Intermediate dose thromboprophylaxis
- Continuation of therapeutic dose anticoagulation

Only patients receiving therapeutic dose anticoagulation at the time of the eligibility assessment will be eligible for the continuation of therapeutic dose anticoagulation intervention.

The allocated intervention should be commenced immediately following allocation reveal at the time of randomisation or after obtaining consent, if required.

SECTION 2: CONVENTIONAL LOW DOSE THROMBOPROPHYLAXIS

Intervention

The patient is to receive conventional low-dose thromboprophylaxis as outlined in the tables on the following page. Low molecular weight heparin (LMWH) is recommended in preference to unfractionated heparin for patients with an estimated creatinine clearance of ≥ 30 ml/min. For patients with an estimated creatinine clearance of < 30 ml/min, see options outlined in the tables on the following page.

Duration of intervention

Conventional low dose thromboprophylaxis is to continue for 14 days following randomisation or until hospital discharge, whichever occurs first. After study day 14 or hospital discharge, decisions regarding thromboprophylaxis and anticoagulation are at the discretion of the treating clinician.

SECTION 3: DISCONTINUATION OF INTERVENTION

The assigned anticoagulation strategy may be discontinued if there is clinically significant bleeding or other complication sufficient to warrant cessation in the opinion of the treating clinician. The assigned anticoagulation strategy may then be recommenced if the treating clinician believes it is appropriate to do so. Temporary cessation, such as to allow surgical or other procedures, is not a protocol deviation if the cessation is less than 24 hours. Temporary or permanent cessation of the allocated intervention for clinically significant bleeding is not a protocol deviation.

Occurrence of laboratory proven HIT must result in cessation of UFH or LMWH without recommencement, regardless of treatment assignment. Occurrence of laboratory proven HIT must be reported as an SAE.

Any patient who develops an accepted clinical indication for therapeutic dose anticoagulation can have this treatment commenced. Such indications include, but are not limited to, proven DVT, proven PE, acute coronary syndrome, systemic embolic event, intermittent haemodialysis, or systemic therapeutic dose anticoagulation for renal replacement therapy. Alternatives to systemic therapeutic dose anticoagulation for renal replacement therapy are encouraged and include regional citrate, heparin priming and low-dose heparin administration (without measurable systemic anticoagulation).

SECTION 4: CONCOMITANT CARE

Commencement of any new additional agent that alters coagulation or inhibits platelet function is not permitted unless there is an accepted clinical indication such as an acute coronary syndrome, ischaemic stroke, or transient ischaemic event, or where the agent that inhibits platelet function has been allocated as an intervention in another domain of this platform. A patient who receives an agent that acts to inhibit platelet function as a usual medication may have this medication continued.

All other treatment that is not specified by assignment within the platform will be determined by the treating clinician.

SECTION 5: DOSING TABLES – CONVENTIONAL LOW DOSE THROMBOPROPHYLAXIS

Enoxaparin

Weight	Creatinine clearance†	Enoxaparin (sc) Conventional Low Dose
< 50kg	< 30ml/min	0.25 mg/kg once daily
	≥ 30ml/min	20mg once daily
50 – 100kg	< 30ml/min	20mg once daily
	≥ 30ml/min	40mg once daily
101 – 150kg	< 30ml/min	40mg once daily
	≥ 30ml/min	40mg twice daily
> 150kg	< 30ml/min	60mg once daily
	≥ 30ml/min	60mg twice daily

Dalteparin

Weight	Creatinine clearance†	Dalteparin (sc) Conventional Low Dose
< 50kg	< 30ml/min	1,250 units once daily
	≥ 30ml/min	2,500 units once daily
50 – 120kg	< 30ml/min	2,500 units once daily
	≥ 30ml/min	5,000 units once daily
121 – 150kg	< 30ml/min	5,000 units once daily
	≥ 30ml/min	7,500 units once daily
> 150kg	< 30ml/min	7,500 units once daily
	≥ 30ml/min	5,000 units twice daily

Tinzaparin

Weight	Creatinine clearance†	Tinzaparin (sc) Conventional Low Dose
< 50kg	≥ 20ml/min	2,500 units once daily
50 – 90kg	≥ 20ml/min	3,500 units once daily
90 – 120kg	≥ 20ml/min	4,500 units once daily
121 – 150kg	≥ 20ml/min	7,000 units* once daily
> 150kg	≥ 20ml/min	9,000 units^ once daily

Unfractionated Heparin

Weight	Unfractionated Heparin (sc) Conventional Low Dose‡
< 50kg	2,500 units twice daily
50 – 120kg	5,000 units twice daily
121 – 150kg	7,500 units twice daily
> 150kg	10,000 units twice daily

†If creatinine clearance < 20 ml/min consider UFH or antiXa monitoring. If antiXa levels are checked in renal failure or obesity and suggest heparin accumulation, dose reduction is permitted.
* 8,000 units is an acceptable alternative
^ 10,000 units is an acceptable alternative
‡ if estimated creatinine clearance is > 30 ml/min, LMWH is preferred