



ADULT MEDICATION GUIDELINE

DALTEPARIN

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

Quick Links

[Dose](#)

[Administration](#)

[Monitoring](#)

[Pregnancy and
Breastfeeding](#)

Restrictions

[Formulary: Restricted](#)

HIGH RISK Medication 

Medication Class

Low molecular weight heparin (LMWH)

Presentation

Not routinely stocked at KEMH – contact pharmacy if supply needed

Pre-filled single-dose syringe:

- 2,500 units in 0.2mL
- 5 000 units in 0.2mL
- 7 500 units in 0.75mL
- 10 000 units in 1mL
- 12 500 units in 0.5mL
- 15 000 units in 0.6mL
- 18 000 units in 0.72mL

Storage

Store at room temperature, below 25°C

Dose

Obstetrics & Gynaecology Specific

Enoxaparin is the preferred initial LMWH at WNHS. Please refer to [WNHS VTE Prevention and Management guideline](#)

Refer to **Royal College of Obstetrics and Gynaecology Green-Top Guidelines:**

No 37a: [Reducing the risk of venous thromboembolism during pregnancy and the puerperium](#)

No 37b: [Thromboembolic disease in pregnancy and the puerperium: acute management](#)

Administration

Subcutaneous injection (prefilled syringe):

Do not expel the air bubble from the syringe before injection, this should ensure delivery of the full dose. The injection is given under the skin, either on the stomach or the fleshiest part of upper buttock.

The whole length of the syringe needle should be introduced vertically into the thickness of a skin fold gently held between the operator's thumb and finger. This skin fold should be held throughout the duration of the injection.

Dispose of the empty syringe in an appropriate sharp's container.

Rotate injection site each time to avoid soreness at the injection site.

Do not inject IM due to risk of haematoma.

Monitoring

Please refer to

- [WNHS VTE Prevention and Management guideline](#)
- Royal College of Obstetrics and Gynaecology Green-Top Guidelines: No 37a: [Reducing the risk of venous thromboembolism during pregnancy and the puerperium](#)
- [Anticoagulation Medication Chart MR 810.11](#).

Pregnancy

1st Trimester: Considered safe to use

2nd Trimester: Considered safe to use

3rd Trimester: Considered safe to use

Breastfeeding

Considered safe to use – monitor infant for potential adverse effects such as bleeding or bruising.

Related Policies, Procedures & Guidelines

HDWA Policies:

[High Risk Medication Policy](#)

[Western Australian Anticoagulation Medication Chart](#)

WNHS Clinical Practice Guidelines:

[Cardiac Disease](#)

[WNHS VTE Prevention and Management guideline](#)

[Pregnancy care: First trimester complications](#)

WNHS Pharmaceutical and Medicines Management Guidelines:

[High Risk Medicines Policy](#) (*intranet access only*)

[Preoperative Medication Management](#) (*intranet access only*)

Royal College of Obstetrics and Gynaecology Green-Top Guidelines:

No 37a: [Reducing the risk of venous thromboembolism during pregnancy and the puerperium](#)

No 37b: [Thromboembolic disease in pregnancy and the puerperium: acute management](#)

References

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Royal College of Obstetricians & Gynaecologists. Green-top Guideline No. 37b. Thromboembolic Disease in Pregnancy and the Puerperium: Acute Management. RCOG [Internet]. 2015. Available from: <https://www.rcog.org.uk/media/wj2lpco5/gtg-37b-1.pdf>

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