ADULT MEDICATION GUIDELINE	
Enoxaparin	
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: Unrestricted

HIGH RISK Medication

Medication Class

Low molecular weight heparin (LMWH)

Presentation

Pre-filled syringe with safety lock:

- 20mg/0.2mL
- 40mg/0.4mL
- 60mg/0.6mL
- 80mg/0.8mL
- 100mg/1mL
- 120mg/0.8mL (Non-PBS)
- 150mg/1mL (Non-PBS)

Storage

Store at room temperature, below 25°C

Dose

Pharmacological prohylaxis of venous thromboembolism (VTE):

Subcutaneous injection:

Refer to WNHS Clinical Practice Guideline: Venous Thromboembolism (VTE): Prevention and Management

Treatment of venous thromboembolism (VTE):

Subcutaneous injection:

Refer to WNHS Clinical Practice Guideline: Venous Thromboembolism (VTE): Prevention and Management

Administration

Refer to the Australian Injectable Drugs Handbook

Subcutaneous injection (prefilled syringe):

Usually given by an injection under the skin, whilst the patient is reclining. The recommended site for injection is the stomach area. A different injection site should be used for each injection. Do not rub the injection site after administration. The air bubble in the syringe should not be expelled.

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 sharps container.

Do not inject IM due to risk of haematoma.

Instructinal video available from: www.vtematters.com.au/resources (password: support)

Monitoring

Prophylactic Dose

Renal function, platelet count, signs of injection site reactions.

Treatment Dose

Refer to Western Australian Anticoagulation Medication Chart.

Heparin-Induced Thrombocytopenia (HIT)

Immune-mediated thrombocytopenia occurs in 0.2% of surgical patients after LMWH exposire. It may result in major ischaemic complications (e.g. stroke, limb ischaemia), bleeding or death.

Clinical features of HIT include:

- new-onset thrombocytopenia or a fall in platelet count of at least 50% from baseline within 5 to 14 days of exposure to heparin. HIT may occur earlier if the patient has preformed antibodies from previous heparin exposure. Delayed onset HIT has also occurred up to several weeks after stopping heparin.
- development of arterial or venous thrombosis
- necrotic skin lesions at heparin injection sites
- acute systemic response to intravenous heparin (fever, tachycardia, hypertension, dyspnoea, cardiopulmonary arrest).

Stop heparin or LMWH if immediately and substitute alternative anticoagulant.

If HIT is confirmed, future use of heparin or LMWH is contraindicated.

Pregnancy

1st Trimester: Considered safe to use
2nd Trimester: Considered safe to use
3rd Trimester: Considered safe to use

Breastfeeding

Considered safe to use

Comments

Further patient information can be found at the following website:
www.vtematters.com.au/resources (password: support)

Related Policies, Procedures & Guidelines

HDWA Policies:

High Risk Medication Policy

Western Australian Anticoagulation Medication Chart.

WNHS Clinical Practice Guidelines:

Venous Thromboembolism (VTE): Prevention and Management

Cardiac Disease

Pregnancy care: First trimester complications

Ovarian Hyperstimulation Syndrome (*intranet access only)*

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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NSQHS Standards Applicable:	☒ Std 1: Clinical Governance ☐ Std 2: Partnering with Consumers ☐ Std 3: Preventing and Controlling Healthcare Associated Infection ☒ Std 4: Medication Safety			☐ Std 5: Comprehensive Care ☐ Std 6: Communicating for Safety ☐ Std 7: Blood Management ☐ Std 8: Recognising and Responding to Acute Deterioration	
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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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