



ADULT MEDICATION GUIDELINE



ENOXAPARIN

This document should be read in conjunction with this [DISCLAIMER](#)

HIGH RISK Medication 

<p>Presentation</p>	<p>Pre-filled syringe:</p> <ul style="list-style-type: none"> • 20mg/0.2mL • 40mg/0.4mL • 60mg/0.6mL • 80mg/0.8mL • 100mg/1mL • 120mg/0.8mL (Non-Formulary, Non-PBS)
<p>Dose</p>	<p>Refer to relevant KEMH Clinical Guidelines and Policies for appropriate dose regime (links below)</p>
<p>Administration</p>	<p><u>Subcutaneous injection (prefilled syringe)</u></p> <p>Usually given by an injection under the skin. 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.</p> <p>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.</p> <p>Dispose of the empty syringe in an appropriate sharps container.</p>
<p>Pregnancy</p>	<p>1st Trimester: Considered safe to use 2nd Trimester: Considered safe to use 3rd Trimester: Considered safe to use</p>
<p>Breastfeeding</p>	<p>Considered safe to use – monitor infant for potential adverse effects such as bleeding or bruising</p>
<p>Monitoring</p>	<p><u>Treatment Dose</u></p> <p>Refer to Anticoagulation Chart.</p>

	<p><u>Heparin-Induced Thrombocytopenia (HIT)</u></p> <p>Immune-mediated thrombocytopenia occurs in <1% of patients with short-term use. It may result in major ischaemic complications (e.g. stroke, limb ischaemia), bleeding or death. Withhold heparin or LMWH if platelet count drops 30–50% below baseline and substitute alternative anticoagulant. If heparin-induced thrombocytopenia (HIT) is confirmed, future use of heparin or LMWH is contraindicated.</p> <p>Severe HIT typically occurs between days 5 and 10 of treatment but may occur earlier if patient has been recently (<100 days) exposed to heparin. Delayed onset HIT has also occurred up to several weeks after stopping heparin.</p>
<p>Clinical Guidelines and Policies</p>	<p>Obstetrics</p> <p>KEMH Clinical Guideline: O&G: Cardiac Disease</p> <p>KEMH Clinical Guideline: O&G: Venous Thrombosis and Embolism Guidelines</p> <p>KEMH Clinical Guideline: O&G: Caesarean: Thromboprophylaxis After</p> <p>Obstetrics (RCOG guidelines)</p> <p>RCOG Green-Top Guideline No 37a: Reducing the risk of venous thromboembolism during pregnancy and the puerperium</p> <p>RCOG Green-Top Guideline No 37b: Thromboembolic disease in pregnancy and the puerperium: acute management</p> <p>Gynaecology</p> <p>KEMH Clinical Guideline: O&G: Venous Thrombosis and Embolism Guidelines</p>
<p>References</p>	<p>Australian Medicines Handbook. Enoxaparin. In: Australian Medicines Handbook [Internet]. Adelaide (South Australia): Australian Medicines Handbook; 2018 [cited 2018 Aug 20]. Available from: https://amhonline.amh.net.au/</p> <p>The Royal Women's Hospital. Enoxaparin. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2018 [cited 2018 Aug 20]. Available from: https://thewomenspbmg.org.au/</p> <p>MIMS Australia. Clexane®. In: MIMS Online [Internet]. St Leonards (New South Wales): MIMS Australia; 2018 [cited 2018 Aug 20]. Available from: https://www.mimsonline.com.au</p>

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