

TITLE: Lovenox (enoxaparin) dosing guidelines		
EFFECTIVE DATE: 11/05	POLICY#: PN.09d	Page 1 of 2
REVIEW: 11/06, 5/07, 5/08, 5/09, 5/10 REVISION DATE: 6/07, 5/08	Created by: R. Thelin, PharmD Revised by: R. Thelin, PharmD	DISTRIBUTION: Nursing; Pharmacy

LOVENOX® (enoxaparin) DVT PROPHYLAXIS INDICATIONS

Indication	Lovenox® Dose (enoxaparin)	Duration of Prophylaxis	Dose for CrCl <30 mL/min
Prophylaxis of DVT in Acutely ill Medical patients	*40 mg SQ Once Daily	6 to 11 Days (up to 14 days)	30 mg SQ Once Daily
Prophylaxis of DVT in Patients undergoing Hip Replacement surgery	*40 mg SQ Once Daily initiate 12 hrs pre-op or ^δ 30 mg SQ Q12H initiate 12 to 24 hrs post-op	7 to 10 Days	30 mg SQ Once Daily
Extended Prophylaxis of DVT in Patients undergoing Hip Replacement surgery	*40 mg SQ Once Daily	Up to three weeks post -discharge	30 mg SQ Once Daily
Prophylaxis of DVT in Patients undergoing Knee Replacement surgery	^δ 30 mg SQ Q12H initiate 12 to 24 hrs post-op	7 to 10 Days (up to 14 days)	30 mg SQ Once Daily
Prophylaxis of DVT in patients undergoing Abdominal Surgery (High Risk)	Initiate 40 mg SQ, 2 hours pre-op then *40 mg SQ Once Daily	7 to 10 Days (up to 12 days)	30 mg SQ Once Daily
Prophylaxis of DVT in High Risk Trauma patients	^δ 30 mg SQ Q12H		30 mg SQ Once Daily

Prescribe 40 mg SubQ daily for DVT prophylaxis, if appropriate. (cost savings over 30mg SubQ q12h, and less injections)

ADMINISTRATION: * *Preferred to administer to patient while lying down (may be sitting up). Alternate between the left and right anterolateral and posterolateral abdominal wall. Do NOT rub the injection site after completion.*

IF **Dose NOT equivalent to syringe volume** (HRMC policy to round to 10mg):

1. WASTE volume PRIOR to administration
 2. Administer complete remaining dose
 3. Activate safety and discard
- For doses <30mg, a 60mg/0.6mL or greater syringe must be used, as the 30mg and 40mg syringes do not have graduations.

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LOVENOX® (enoxaparin) TREATMENT INDICATIONS

Indication	Lovenox® Dose (enoxaparin)	Duration of Prophylaxis	Dose for CrCL <30 ml/min
STEMI (ST-Elevation Myocardial Infarction)	<75 y/o: 30mg IV, then 1mg/kg SubQ q12h (max 100mg for first 2 doses) ≥75 y/o: no IV bolus, then 0.75mg/kg SubQ q12h (max 75mg for first 2 doses)	8 days or until hospital discharge	1mg/kg SubQ once daily (all pts)
Unstable Angina and Non-Q Wave MI for the prevention of ischemic complications when given in combination with aspirin	1 mg / kg SQ Q12H (with Oral Aspirin 162mg to 325mg once daily)	Minimum 2 Days; Usual duration 2 to 8 Days	1 mg/kg SQ once daily
Inpatient Treatment of Acute DVT with or without PE, in conjunction with warfarin	1.5 mg / kg SQ Once Daily or 1 mg / kg SQ Q12H	Minimum 5 days until therapeutic INR has been achieved (INR 2 to 3). (avg. duration: 7 Days, up to 17 days)	1 mg/kg SQ once daily
Outpatient Treatment of Acute DVT without PE, in conjunction with warfarin	1 mg / kg SQ Q12H		1 mg/kg SQ once daily

NOTES

Low Molecular Weight Heparin and Unfractionated Heparin: **Concomitant use of Lovenox® (enoxaparin) with unfractionated heparin is contraindicated.** The therapeutic duplication of heparin products has been responsible for a number of fatalities due serious bleeding.

SWITCH FROM:

Heparin	to	Enoxaparin	-wait at least 2 hours after the heparin infusion has stopped or last heparin injection
Enoxaparin (1mg/kg)	to	Heparin	-wait at least 8 hours after the last Enoxaparin injection
Enoxaparin (prophylaxis)	to	Heparin	-wait at least 4 hours after the last Enoxaparin injection [If patient ≤ 40kg, wait 8 hrs]

Dosing in obese patients: Lovenox® (enoxaparin) dosing is based on **ACTUAL** body weight, even for obese patients. The maximum dosage for Lovenox® (enoxaparin) studied is 150mg SQ Q12h (without checking of Anti-Xa levels). All doses >150mg (if written for 1mg/kg) require a call to the physician to verify the dose before dispensing.

Perioperative Enoxaparin: Use single-dose spinal anesthesia. Epidural needle placement should be at least 12 hours after the Lovenox® (enoxaparin) prophylaxis dose. For patients receiving 'treatment' dose Lovenox® (enoxaparin), a 24-hour delay is recommended prior to insertion of an epidural catheter.

Post-operative Enoxaparin: First dose of Lovenox® (enoxaparin) should be administered at least 24 hours after the initiation of either single -dose or continuous epidural therapy. It is also recommended that the indwelling epidural catheter be removed prior to initiation of Lovenox® (enoxaparin). If epidural catheter is to be left in place for an extended period of time, Lovenox® (enoxaparin) can be started 2 hours after the catheter is removed.