

LOW MOLECULAR WEIGHT HEPARIN – TREATMENT OF DVT/PE AND ATRIAL FIBRILLATION – EK/KB

Allergies - Check (✓) one box:

- None known Unable to obtain
 See Allergy ADR Record (if in use at the facility)

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician/prescriber. Boxed orders () require physician/prescriber check mark () to be initiated.

1. LABORATORY

- Baseline: CBC, serum creatinine, INR, aPTT
- Day 5 of treatment: CBC, serum creatinine
- Twice weekly while on dalteparin / enoxaparin: CBC
- Surgical Patients: CBC every two days during days 2 to 14 of dalteparin therapy
- **NOTIFY MD if platelet count is less than 100 (10⁹/L) or decreases by more than 50% from baseline and/or patient develops new thrombosis or skin rash**

2. MEDICATIONS

- Exclude any possible contraindications to use prior to commencing therapy (see back page)
- Do NOT give intramuscularly and avoid intramuscular injections
- For eGFR less than 30 mL/minute, treatment with unfractionated heparin is preferred (Form #829466)

Treatment of DVT/PE and non-ACS indications (ex atrial fibrillation) with dalteparin

Physician to complete orders by placing a checkmark in appropriate boxes .

select	weight range (kg)	dalteparin dosage	frequency
<input type="checkbox"/>	less than 46	7,500 units = 0.3 mL	SC once daily
<input type="checkbox"/>	46 – 56	10,000 units = 0.4 mL	
<input type="checkbox"/>	57 – 68	12,500 units = 0.5 mL	
<input type="checkbox"/>	69 – 82	15,000 units = 0.6 mL	
<input type="checkbox"/>	83 – 90	18,000 units = 0.72 mL	
	91 – 150	see reverse for treatment considerations	

Treatment of Atrial Fibrillation with enoxaparin

Physician to complete orders by placing a checkmark in appropriate boxes .

select	weight range (kg)	enoxaparin dosage	frequency
<input type="checkbox"/>	35 – 44	40 mg = 0.4 mL	SC Q12H
<input type="checkbox"/>	45 – 54	50 mg = 0.5 mL	
<input type="checkbox"/>	55 – 64	60 mg = 0.6 mL	
<input type="checkbox"/>	65 – 74	70 mg = 0.7 mL	
<input type="checkbox"/>	75 – 84	80 mg = 0.8 mL	
<input type="checkbox"/>	85 – 94	90 mg = 0.9 mL	
<input type="checkbox"/>	95 and greater	100 mg = 1 mL	

*Special Authorization possible through Pharmacare for specific indications for outpatient therapy

- Call the **Physician Hotline # 1-877-657-1188** (takes less than 5 minutes)

Date (dd/mm/yyyy)	Time	Physician Signature	Printed Name or College ID#
/ /			

CONTRAINDICATIONS

- hypersensitivity to dalteparin / enoxaparin, heparin or pork products, history of heparin-induced thrombocytopenia, active major bleeding, patients with acute VTE undergoing epidural / neuraxial anesthesia, septic endocarditis, major blood clotting disorders, acute gastroduodenal ulcer, cerebral hemorrhage, severe uncontrolled hypertension and diabetic or hemorrhagic retinopathy

Treatment of DVT or Pulmonary Embolism and non-ACS indications using dalteparin for patients 91 – 150 kg:

- Suggested dose based on total body weight is 200 units / kg SC daily.
- For patients who would receive greater than 18,000 units of dalteparin SC daily, clinicians should balance the individual risk of bleeding on anticoagulant (ie age greater than 65 years, previous major bleed, previous stroke, liver dysfunction, renal dysfunction, hypertension [SBP greater than 160], labile INR [time in therapeutic range less than 60%, INR greater than 4], concomitant antiplatelet agents, alcohol intake, drug interactions) with the benefit of convenience of dalteparin SC therapy, and consider hospital admission and treatment with IV unfractionated heparin (UFH) if that is deemed more clinically appropriate.

Patients greater than 150 kg:

- Suggested that hospital admission and treatment with IV UFH using a weight-based dosing nomogram may be appropriate, given the lack of evidence on LMWH dosing in this population.