Appendix 3: Weight based Dosing for VTE thromboprophylaxis

Creatinine clearance	Body Weight			
	<50kg	50-100kg	>100kg	>150kg
>30ml/min	Enoxaparin 20mg OD	Enoxaparin 40mg OD	Enoxaparin 40mg BD	Consider Enoxaparin 60mg BD
15-30ml/min*	Enoxaparin 20mg OD	Enoxaparin 20mg OD	Unfractionated heparin 5,000 units TDS	Consider Unfractionated heparin 7,500 units TDS[2,3]
<15ml/min	Unfractionated heparin 5,000 units BD	Unfractionated heparin 5,000 units BD**	Unfractionated heparin 5,000 units TDS	Consider Unfractionated heparin 7,500 units TDS[2,3]

*Note: **renal impairment can increase the bleeding risk with low molecular weight heparin.** Anti-xa monitoring should be considered for prolonged use (more than 5 days), levels should be checked on day 3 and then levels should be monitored twice weekly. Anti-Xa levels to be checked 4-6 hours post dose (target range 0.2-0.4 units/ml). Contact pathology lab to discuss if necessary.

**patients at very high risk of VTE such as underlying malignancy, consider UFH 5,000 three times daily

Fondaparinux

Fondaparinux is a synthetic heparin and can be offered as an alternative to heparins which are of animal origin (see section 5.1). It is contra-indicated in creatinine clearance less than 20ml/min. Recommended prophylactic dose of fondaparinux is 2.5mg once daily . This should be reduced to 1.5mg once daily if weight less than 50kg or in renal impairment with creatinine clearance between 20 and 50ml/min. See fondaparinux prescribing information for further information on timing of doses post operatively.

Monitoring[4]

- **Platelets – Heparin-Induced Thrombocytopenia/Thrombosis (HITT)** can occur in <1% of patients. All patients who are to receive enoxaparin should have a baseline platelet count before starting
    - Post-operative patients and cardiopulmonary bypass patients who have been exposed to heparin in the previous 100 days and are receiving enoxaparin should have a platelet count determined 24 hours after starting.
    - Post-cardiopulmonary bypass patients receiving enoxaparin should have platelet count monitoring performed every 2–3 days from days 4 to 14 or until enoxaparin is stopped
    - Post-operative patients (other than cardiopulmonary bypass patients), medical patients and obstetric patients receiving enoxaparin do not need routine platelet monitoring
    - If the platelet count falls by 30% or more and/or the patient develops new thrombosis or skin allergy or any of the other rarer manifestations of heparin-induced thrombocytopenia (HIT) between days 4 and 14 of heparin administration, HIT should be considered and a clinical assessment made
- **Haemorrhage –** monitor for extensive bruising and bleeding
- **Hyperkalaemia –** occurs in <0.1% patients due to suppression of adrenal secretion of aldosterone. Potassium levels should be monitored weekly in diabetes, CKD, pre-existing metabolic acidosis or if on drugs that increase potassium levels (i.e. potassium sparing diuretics).
- **Renal function –** dose may need to be altered if renal function deteriorates