

Medication: Enoxaparin	PDN: 6983.01	Last Updated: June 20, 2013	PMD: Andrew Travers*	PDC: Steven Carrigan*	Page 1 of 2
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ENOXAPARIN (Lovenox)

1.0 Classification

- Anticoagulant/Antithrombotic

2.0 Mechanism of Action

- Accelerated neutralization of coagulation factors by antithrombin
- Prevents the conversion of fibrinogen to fibrin

3.0 Indications

- For the treatment of ST segment elevation myocardial infarction (STEMI) of less than twelve (12) hours duration and more than twenty (20) minutes duration when TNK is being administered

4.0 Contraindications (for pre-hospital administration)

- Active bleeding or known bleeding/clotting disorder
- Patient on blood thinners [warfarin (Coumadin), dabigatran (Pradax), rivarobaxan (Xarelto)]
- Recent (within 6 weeks) major trauma, surgery (including eye surgery), GI/GU bleed
- History of stroke, TIA, severe dementia or structural CNS damage
- Significant closed head/ facial trauma within last 3 months
- Significant hypertension (SBP > 180 or DsBP > 110) at any time from presentation
- Right arm versus left arm SBP difference of 15mmHg
- Prolonged (greater than 10 minutes) CPR

5.0 Precautions

- Bleeding risk is increased with combined use of fibrinolytics and anticoagulants
- Administer with caution in patients with concurrent illness, chronic alcoholism, renal failure and the elderly

6.0 Route

- May be given IV and SC

7.0 Dosage

Patients less than 75 years old

- 1 mg/kg of SC enoxaparin (maximum 100 mg) in the lateral abdomen, given once
- 30 mg of IV enoxaparin, given once

Patients 75 years old and greater

- 0.75 mg/kg of SC enoxaparin (maximum of 75 mg) in the lateral abdomen, given once
- No IV dose

Subcutaneous Enoxaparin		
Weight kg (lbs)	Less than 75 years old	75 years and older
50 (110)	50 mg	38 mg

60 (130)	60 mg	45 mg
70 (154)	70 mg	53 mg
80 (175)	80 mg	60 mg
90 (200)	90 mg	68 mg
≥ 100 (220)	100 mg	75 mg

8.0 Supplied

- There are 2 versions of enoxaparin available:
 - 30mg in 0.3mL (IV dose)
 - 100mg in 1mL (SC dose)

9.0 May Be Given By

- ACP/CCP (after consultation with regional facility ED physician)

10.0 Adverse effects

- Major and/or minor external/internal bleeding
- Irritation and/or hematoma at the injection site

11.0 Special notes

- Enoxaparin is to be given concurrently with clopidogrel and tenecteplase as an entire reperfusion strategy
- Standard ischemic chest pain management (ASA, nitroglycerin, morphine) should be continued as well
- Pregnancy category B [if there is a clinical need for it, Category B drugs are considered safe to use]

12.0 References

- Chest Pain Clinical Practice Guideline
- EHS STEMI Reperfusion Worksheet
- Compendium of Pharmaceuticals and Specialties (CPS)

*Electronically Signed

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