**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

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### Subcutaneous Enoxaparin

<table>
<thead>
<tr>
<th>Weight kg (lbs)</th>
<th>Less than 75 years old</th>
<th>75 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 (110)</td>
<td>50 mg</td>
<td>38 mg</td>
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</table>
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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