REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

dalteparin
(for venous thromboembolism)

HIGH ALERT DOUBLE CHECK

Effective Date: Sept 2023 **Revised Date:** March 2024	CLASSIFICATION **Anticoagulant Low Molecular Weight Heparin**	OTHER NAMES **Fragmin**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Bolus – *Not recommended*
Subcutaneous – May be administered by a nurse
IV Infusion – *Not recommended*
IM Injection – *Do not administer*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 25 000 units/mL – 3 mL multidose vial & 2500 units, 3500 units, 5000 units, 7500 units, 10000 units, 12500 units, 15000 units, 16500 units, 18000 units prefilled syringes

Subcutaneous: Administer undiluted

DOSAGE:

Limited data is available for patients less than 50 kg or greater than 150 kg

Venous Thromboembolism (VTE) Prophylaxis: 5000 units subcut every 24 hours

Therapeutic Anticoagulation including Treatment of Venous Thromboembolism (Pulmonary Embolism or Deep Vein Thrombosis: 200 units/kg subcut every 24 hours

Submassive PE with High Risk Features: 100 units/kg subcut every 12 hours

Maximum daily dose: 30 000 units
Maximum concentration: Undiluted 25 000 units/mL

STABILITY/COMPATIBILITY:

Stability of solution drawn from multidose vial: 24 hours at room temperature

Stability of multidose vial: 28 days after first use, at room temperature

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Bleeding, thrombocytopenia, asymptomatic elevations in liver transaminases (ALT, AST)
- Do not initiate in patients with a planned intervention (e.g. diagnostic angiography, PTCA, CABG) with the next 12 Hours

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dalteparin (for venous thromboembolism)

HIGH ALERT DOUBLE CHECK

Effective Date: Jan 2013 Revised Date: March 2024	CLASSIFICATION **Low molecular weight heparin**	OTHER NAMES **Fragmin**	PAGE 2 of 2

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Caution in patients with history of heparin-induced thrombocytopenia.
- Use with caution in patients with renal dysfunction or weight less than 50 kg due to risk of accumulation.
- Obtain baseline CBC, creatinine and urea and monitor every 2 to 3 days
- Antidote: Protamine IV (may not completely neutralize activity)
- When switching from IV unfractionated heparin to subcutaneous dalteparin, administer subcutaneous dalteparin within 1 hour of discontinuation of IV unfractionated heparin infusion.
- When switching from subcutaneous dalteparin VTE treatment or therapeutic anticoagulation dose to IV unfractionated heparin, consider the timing of last dalteparin dose administered, if: • Within 24 hours of dalteparin dose: Start IV unfractionated heparin 1-2 hours before next dose of dalteparin would have been due with NO IV load/bolus of heparin. • 24 hours after last dose of dalteparin, initiate unfractionated heparin IV infusion with IV load/bolus. • This is general advice and patient-specific factors such as renal dysfunction, weight less than 50 kg, previous anti-Xa levels if available, risk of bleeding, and risk of thrombosis should be accounted for. Contact prescriber or consult pharmacy for more information.
- Anti-Xa levels may be used for monitoring as advised by Hematology.
- As directed by Hematology, doses exceeding 30,000 units/day may be divided and administered every 12 hours e.g., 36,000 units/day, dosed 18,000 units every 12 hours.

CAUTION

Patients with Indwelling Epidural, Intrathecal and Peripheral Nerve Catheters:

- Prior to initiating dalteparin in the prophylaxis or treatment of VTE, or for therapeutic anticoagulation, the Anesthetist must be consulted.
- Do not give dalteparin if catheter was placed within 12 hours or removed within 4 hours.
- Do not place or remove catheter if prophylactic dose dalteparin was given within the previous 12 to 24 hours unless specifically directed by APS &/or Anesthesiology
- Do not place or remove catheter if treatment (therapeutic anticoagulation) dose dalteparin was given within the previous 24 to 48 hours.
- Patient factors (age older than 75 years, renal insufficiency and spine pathology) may necessitate alternate therapy when indicated, as per the Anesthetist.