



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
enoxaparin



Effective Date: Mar 2013	CLASSIFICATION Low molecular weight heparin	OTHER NAMES Lovenox, Redesca	PAGE 1 of 2
Revised Date: Nov 2024			

ADMINISTRATION POLICY:

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

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg/mL – 3 mL multidose vial & 30 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg, 150 mg prefilled syringes

NOTE: Manufacturer label says for “subcutaneous use” but may also be given intravenously BUT pre-filled syringes are for subcutaneous use only.

IV Bolus: (use multi-dose vial ONLY) Inject undiluted into infusing IV over 5 to 10 seconds. Follow with 20 mL normal saline flush to ensure full dose is given

Subcutaneous: Administer undiluted

DOSAGE:

Non STEMI/unstable angina patients (regardless of age):

- Do not give IV bolus
- Give 1 mg/kg subcutaneous every 12 hours
- Maximum dose 150 mg subcutaneous every 12 hours (exact dosage will depend if using multi dose vial or prefilled syringes)
- If the CrCl is less than 30 mL/min give daily

STEMI (with tenecteplase) patients less than 75 years old:

- Give 30 mg IV bolus immediately prior to giving tenecteplase
- Give 1 mg/kg subcutaneous every 12 hours **after** giving tenecteplase
- Maximum dose 100 mg subcutaneous every 12 hours for the first 24 hours. After the first 24 hours the maximum dose is 140 mg every 12 hours.

Body Weight (kg)	Enoxaparin Dose (mg)	Prefilled syringe (PFS) 100 mg/mL
40-49	40	40 mg/0.4 mL
50-69	60	60 mg/0.6 mL
70-89	80	80 mg/0.8 mL
90-109	100	100 mg/mL
Do not give more than 100 mg q12h for first 24 hours in STEMI		
110-129	120	60 + 60 mg PFS*
130-149	140	100 + 40 mg OR 80 + 60 mg PFS*
greater than 149		do not use enoxaparin



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STEMI (with tenecteplase) patient equal or greater than 75 years old:

- Do not give IV bolus
- Give 0.75 mg/kg subcutaneous every 12 hours **after** giving tenecteplase.
- Maximum dose 80 mg subcutaneous every 12 hours for the first 24 hours. After the first 24 hours the maximum dose is 100 mg every 12 hours.

Body Weight (kg)	Enoxaparin Dose (mg)	Prefilled syringe (PFS) 100 mg/mL
40-49	30	30 mg/0.3 mL
50-69	40	40 mg/0.4 mL
70-94	60	60 mg/0.6 mL
95-119	80	80 mg/0.8 mL
Do not give more than 80 mg q12h for first 24 hours in STEMI		
120-149	100	100 mg/mL
greater than 149		do not use enoxaparin

Pulmonary Embolism (PERT protocol):

- Submassive PE with high risk features: 1 mg/kg subcutaneous every 12 hours
- Submassive PE without high risk features: 1.5 mg/kg subcutaneous daily
 - Renal insufficiency: maximum 100 mg per injection (consider twice a day dosing)

Maximum IV rate: 5 seconds
Maximum concentration: Undiluted 100 mg/mL
Maximum single IV dose: 30 mg
Maximum single subcutaneous dose: 150 mg

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
Compatibility: Compatible with normal saline, D5W

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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Revised Date: Nov 2024	Low molecular weight heparin	Lovenox, Redesca	2 of 2

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- To avoid loss of drug from the 30 mg and 40 mg prefilled syringes, do not expel the air bubble from the syringe prior to injection.
- IV Enoxaparin should NOT be given to patients:
 - greater than or equal to 75 years of age
 - who have been given IV unfractionated heparin greater than or equal to 4000 units within the last 3 hours
 - if more than 2 hours has elapsed after a dose of subcutaneous enoxaparin 1 mg/kg has been given. (Note: this subcutaneous dose will reach therapeutic effect after 2 hours, thus not requiring the IV bolus of enoxaparin)
 - who have indwelling spinal/epidural catheters.
- Antidote - Protamine