REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
fondaparinux

HIGH ALERT DOUBLE CHECK

Effective Date: Nov 2024 **Revised Date:**	CLASSIFICATION **Anticoagulant**	OTHER NAMES **Arixtra**	PAGE 1 of 1

ADMINISTRATION POLICY:

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

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 2.5 mg/0.5 mL (5 mg/mL),
5 mg/0.4 mL; 7.5 mg/0.6 mL; 10 mg/0.8 mL (12.5 mg/mL) prefilled syringes

IV Bolus: Administer undiluted over 1 to 2 minutes. Flush tubing with normal saline to complete administration

Subcutaneous: Administer undiluted

IV Intermittent: Dilute in 25 to 50 mL normal saline. Administer over 1 to 2 minutes.

Maximum rate: IV: 1 minute
Maximum concentration: IV/Subcutaneous: 12.5 mg/mL

DOSAGE:

Non-STEMI/unstable angina patients (regardless of age and ONLY if CrCl GREATER than 30 mL/min):

- 2.5 mg subcutaneous every 24 hours

Maximum single dose: 10 mg
Maximum daily dose: 10 mg

STABILITY/COMPATIBILITY:

Stability of prefilled syringe: 24 hours at room temperature

Compatibility: Compatible with normal saline

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Dermatologic: injection site disorder, rash
- Hematologic: hemorrhage, anemia, thrombocytopenia
- Immunologic: anaphylaxis
- Neurologic: extradural intracranial hematoma, non-traumatic spinal subdural hematoma
- Other: fever

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Dosage adjustment may be required in renal dysfunction
- May increase the risk of bleeding in patients with hepatic impairment. Use with caution.
- Elder Alert: Increased risk of bleeding in patients GREATER than 75 years of age