

**ADULT'S DOSING GUIDELINE OF INJECTION
ANTI-COAGULANTS IN VENOUS THROMBOEMBOLISM (VTE)**

UNFRACTIONATED HEPARIN

INJ. HEPARIN SODIUM (STRENGTH: 1000IU/ML (5ML), 5000IU/ML (5ML))		
Prophylaxis	Treatment	Renal Adjustment
5000 units SC q8-12hr OR 7500 units SC q12hr	80 units/kg IV bolus, THEN continuous infusion of 18 units/kg/hr OR 5000 units/kg IV bolus, THEN continuous infusion of 1300 units/hr OR 250 units/kg (alternatively 17, 500 units) SC, then 250 units/kg q12hr	No dosage adjustment required

FRACTIONATED/ LOW MOLECULAR WEIGHT HEPARIN (LMWH)

INJ. ENOXAPARIN SODIUM STRENGTH: 20MG/0.2ML, 40MG/0.4ML, 60MG/0.6ML			
Body weight (kg)	Prophylaxis	Treatment	Renal Adjustment
< 50kg	20mg OD	Outpatient: 1mg/kg/dose BD Inpatient: 1mg/kg/dose BD OR 1.5mg/kg OD	CrCl 1) $\geq 30\text{ml/min}$ – No dosage adjustment recommended 2) $< 30\text{ml/min}$ For prophylaxis: 20-30mg SC OD For treatment: 1mg/kg SC OD
50-90 kg	40mg OD		
91-130 kg	60mg OD*		
131-170 kg	80mg OD*		
>170 kg	0.6mg/kg/day*		
High prophylactic dose for weight of	40mg 12 hourly		

*May be given in 2 divided doses

SYNTHETIC ANTI-COAGULANT

INJ. FONDAPARINUX SODIUM STRENGTH: 2.5MG/0.5ML, 7.5MG/0.6ML										
Prophylaxis	Treatment	Renal Adjustment								
Body weight $\geq 50\text{kg}$: 2.5mg OD Contraindicated: Body weight $< 50\text{kg}$	<table border="1"> <thead> <tr> <th>Body weight</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td>< 50kg</td> <td>5mg SC OD</td> </tr> <tr> <td>50-100kg</td> <td>7.5mg SC OD</td> </tr> <tr> <td>>100kg</td> <td>10mg SC OD</td> </tr> </tbody> </table>	Body weight	Dose	< 50kg	5mg SC OD	50-100kg	7.5mg SC OD	>100kg	10mg SC OD	CrCl 1) $> 50\text{ml/min}$ – No dosage adjustment required. 2) $30\text{-}50\text{ml/min}$ – Use with caution (Clearance reduced by 40%) 3) $< 30\text{ml/min}$ - Contraindicated
Body weight	Dose									
< 50kg	5mg SC OD									
50-100kg	7.5mg SC OD									
>100kg	10mg SC OD									

Disediakan oleh:

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References:

Lexi-Comp's Drug Information Handbook
Medscape

RCOG Green-top Guideline 2015: Reducing Risk of VTE During Pregnancy & Postpartum.