

Enoxaparin Prescribing Guidance

Prescriber Information

(trauma patients with lower limb injuries at risk for venous thrombosis)



This document is intended for use in the Emergency Departments and Minor Injuries Units in NHS Lothian when assessing patients with lower limb injuries at risk for venous thrombosis.

Refer to the flow chart “VTE risk assessment for all immobilised lower limb injuries” outlining risk assessment and management

PLEASE BE AWARE THAT ALL PATIENTS BEING DISCHARGED IN A MOONBOOT, STRAIGHT LEG KNEE SPLINT OR BACKSLAB SHOULD BE RISK ASSESSED FOR THROMBOSIS WITH THE EXCEPTION OF SPRAINS, STABLE METATARSAL FRACTURES AND MINOR FIBULAR AVULSION FRACTURES (WHERE THE MOONBOOT IS BEING PROVIDED FOR COMFORT WHEN WEIGHBEARING) ALL OF WHOM SHOULD BE WEARING A MOONBOOT FOR <50% OF THE DAY AND REGULARLY MOVING THEIR ANKLE – IF IN DOUBT RISK ASSESS OR DISCUSS WITH AN ED SENIOR

Use the \leg shortcut on TRAK when writing notes to ensure that the result of the risk assessment is communicated to orthopaedics

Considerations before commencing enoxaparin therapy in patients with lower limb injury at risk for venous thrombosis

- Use the VTE risk assessment tool to assess the patient's risk of venous thrombosis
- Bloods only need to be checked in patients at risk of renal impairment (drugs/co-morbidities), low platelets (alcohol excess or known/suspected coagulopathy) or all patients over the age of 60. If checked ensure patient's baseline platelet level is above $50 \times 10^9/L$
- For patients with impaired renal function calculate the creatine clearance (CrCl) using MD Calc <https://www.mdcalc.com/calc/43/creatinine-clearance-cockcroft-gault-equation>. Remember to adjust the units of measurement and, where possible include the patient's height as well as their weight to calculate the CrCl for an “ideal weight patient” which provides a more accurate estimation of renal function. MD Calc will generate a CrCl value if no height is entered, which can still be used if measuring the height is impractical due to immobility.
- Patients who have been exposed to heparin in the previous 100 days should have a platelet count 24 hours after starting enoxaparin. Otherwise, the risk of heparin-induced thrombocytopenia (HIT) is low, and it is impractical to monitor the platelet count. Patients should be advised that there is a very small risk of developing HIT and provide the LMWH card on discharge from the Emergency Department.
- Is poor concordance anticipated, either with self-administration or with allowing district nurse entry for administration?
- Head CT for subsequent head injury is not mandatory but will be at the discretion of the treating clinician

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Counselling Sheet

(trauma patients with lower limb injuries at risk for venous thrombosis)



Patient name and CHI number
(affix sticky label here)

Please tick boxes to indicate that information has been given to patient/guardian.

This form should be signed by both the patient/guardian and professional providing the information.

File signed form in patient's notes.

<input type="checkbox"/>	Explain indication for therapy.
<input type="checkbox"/>	Explain expected duration of therapy (10 days and then further risk assessment at trauma clinic).
<input type="checkbox"/>	Inform patient of dose and the strength of syringe which they will be supplied with.
<input type="checkbox"/>	Administration: <ul style="list-style-type: none"> • Demonstrate how to use prefilled syringe and how to administer • If possible, allow patient (or teach relative/carer) to inject a dose and observe their technique • Administer at roughly the same time each day • If a carer is doing the administration, it is recommended that they wear gloves to perform the injection.
<input type="checkbox"/>	Advise patient that a missed dose will increase the risk of blood clots, and that strict compliance is essential.
<input type="checkbox"/>	Ensure patient is not fully anticoagulated with warfarin DOAC or LMWH already
<input type="checkbox"/>	Always tell the doctor, dentist or pharmacist that you take enoxaparin.
<input type="checkbox"/>	Bleeding risk: <ul style="list-style-type: none"> • Advise patient of bleeding risk. • Seek immediate medical attention if significant bleeding or head injury sustained. • Avoid risks from falls/injury – need to take care with hobbies/leisure activities and avoid contact sports. • Advise on the dangers of excess alcohol (increased risk of fall and bleed)
<input type="checkbox"/>	<ul style="list-style-type: none"> • Contact practice or district nurse and arrange for doses to be administered (informing them of dose, duration and when to commence). • Share above information with patient.
<input type="checkbox"/>	Arrange Trauma OPD appointment and inform patient of date and time.
<input type="checkbox"/>	Provide patient with an information leaflet on administration of enoxaparin. Provide patient with a sharps box

Counselling given by: (name and profession)

Counselling received and understood by: (patient or guardian)

Date counselling given/...../.....