



Supportive Clinical Information Enoxaparin Therapeutic Orders Neonate and Pediatric

Subsequent Dose Titration and Monitoring Guidelines

Following the initial anti-Xa level result, adjust enoxaparin dosing and therapeutic monitoring according to the nomogram below.

Note: these are guidelines only, and variations from this guidance may be warranted as clinically appropriate.

Anti-Xa level (units/mL)	Dose Titration	Time to repeat anti-Xa level
less than 0.35	Increase dose by 25% (not to exceed a dose equivalent to 3 mg/kg)	4 hours after next dose
0.35 - 0.49	Increase dose by 10% (not to exceed a dose equivalent to 3 mg/kg)	4 hours after next dose
0.5 - 1 (*target range*)	No change	Once monthly (or more frequently if clinically indicated in consultation with hematology)
1.1 - 1.5	Decrease by 20%	Before next dose
1.6 - 2	Hold dose for 3 hours and decrease dose by 30%	Before next dose, then 4 hours after next dose
greater than 2	Hold all doses until anti-Xa level is less than or equal to 0.5 units/mL, decrease dose by 40%	Before next dose and every 12 hours until anti-Xa level is less than or equal to 0.5 units/mL

Note: Samples taken from an indwelling catheter increase the risk of inaccurate results and inappropriate dose adjustment. Do NOT draw samples from a line that has contained heparin (there must be no contamination from heparin)

From Canadian Immunization Guide:

Individuals receiving long-term anticoagulation with either warfarin or **heparin** are not considered at higher risk of bleeding complications following immunization and may be safely immunized through either the intramuscular or subcutaneous route (as recommended for the vaccine product) without discontinuation of anticoagulation therapy.

Give intramuscular administration with a small gauge needle (23 gauge or smaller) and apply firm pressure to the injection site for 5 to 10 minutes.