

## ENOXAPARIN (CLEXANE) ADMINISTRATION FORM FOR PATIENTS ON THE DVT PATHWAY

**IMPORTANT:**

When the prescription has been completed, this page should be given to the patient. This will enable the administration of treatment.

PATIENT ID LABEL	
Name	_____
Address	_____
NHI	_____ DOB _____ Gender _____
GP/NP	_____
Providers Contact Details	_____

If an ultrasound scan cannot be performed on the day of the presentation, Enoxaparin (Clexane) cover must be arranged until the scan can be performed. Complete the form below.

### PRESCRIPTION

Patients Weight \_\_\_\_\_ kg    **Normal Dose (1.5mg/kg) once daily \*Refer to dose/weight chart on next page\***

**\*Renal Impairment dose (1mg/kg) -** Use the Cockcroft Gault score to calculate patient's true GFR. If this calculation indicates a GFR <30 then the patient is to have **1mg/kg** subcutaneously as their Daily dose\*

Enoxaparin (Clexane) \_\_\_\_\_ mg subcutaneously daily for \_\_\_\_\_ days

Doctors/Nurse Practitioner name \_\_\_\_\_

NZMC Reg. No \_\_\_\_\_

*Signature of prescriber* \_\_\_\_\_

Date \_\_\_\_\_

**\* Any enquires related to prescription please contact MCH on Call Haematologist on (06) 356 9169\***

### ENOXAPARIN (CLEXANE) TREATMENT CHART *(to be filled out by the person administering)*

Day	Date	Time	Enoxaparin (Clexane) mg		
			Dose	Name	Signature
1					
2					
3					
4					
5					

## ENOXAPARIN (CLEXANE) WEIGHT/DOSE CHART

- Calculate the patient's weight in kilograms
- Dose = 1.5mg/kg
- Dose = 1mg/kg for patients with renal impairment

Weight	Dose	Syringe Size	Volume to give
44-49 kg	70mg	80mg	0.7ml
50-56 kg	80mg	80mg	0.8ml
57-63 kg	90mg	100mg	0.9ml
64-69 kg	100mg	100mg	1.0ml
70-74 kg	105mg	120mg	0.7ml
75-84 kg	120mg	120mg	0.8ml
85-94 kg	135mg	150mg	0.9ml
95-100kg	150mg	150mg	1.0ml
100kg>	1mg/kg bd	As required	As required
150kg>	150mg bd	150mg	1.0ml

### \*IF NO ENOXAPARIN (CLEXANE) STOCK IS HELD IN PRACTICE\*

- Organise the amount of Enoxaparin (Clexane) required – calculate how many doses will be required
- Give the form to the patient to take to one of the below practices
- The patient will receive the Clexane from the practice - please confirm who is to administer the Clexane - i.e. your practice nurse or the nurse at the supplying practice or patient to self-administer

## PRACTICES WITH ENOXAPARIN (CLEXANE) STOCK

Barraud Street Medical Centre	(06) 374 8497
City Doctors	(06) 355 3300
Horowhenua Community Practice	(06) 368 8065
Feilding Health Care	(06) 323 9696
Kauri HealthCare	(06) 357 4424
Pahiatua Medical Centre	(06) 376 6466
Te Waiora	(06) 363 6030

## AFTER HOURS ADMINISTRATION OF ENOXAPARIN (CLEXANE) PLAN

### Options:

1. City Doctors:
  - GP or NP to discuss plan for administration with City Doctors staff to ensure a plan is in place for patients to receive their afterhours doses
  
2. District Nurses:
  - Please phone Referral Nurse on (06) 350 8182 **and** Fax DN referral to (06) 350 8102