



Enoxaparin Dose Adjustment Table (For 1mg/kg Twice Daily Treatment Dosing)

- Lab titled “LMW Heparin Assay” in Sunrise
- Draw first level 4 hours after the 2nd or 3rd dose to monitor the **peak** anticoagulation effect at steady state

LMW Heparin Assay (units/mL)	Hold Next Dose	Dosage Change	Next Level
< 0.35	NO	↑ by 25%	4 hours after next dose
0.35 – 0.49	NO	↑ by 10%	4 hours after next dose
0.5 – 1.0*	NO	No change	If clinical status changes
1.1 – 1.5	NO	↓ by 20%	Before next dose**
1.6 – 2.0	3 hours	↓ by 30%	Before next dose** and 4 hours after next dose
> 2.0	Until concentration is < 0.5 units/mL	↓ by 40%	Before next dose and q12h until concentrations is < 0.5 units/mL

*This is the recommended peak concentration for 1mg/kg twice daily treatment dosing

For 1.5mg/kg once daily dosing, the target peak concentration is 1.0 - 2.0 units/mL¹

**Target trough level drawn before the next dose is < 0.5 units/mL

Consider monitoring in:

Renal impairment (CrCl < 30 mL/min) - Option to measure trough level for a target of < 0.5 units/mL before the 4th dose¹

Morbid Obesity (>190kg)

Low weight (< 50 kg)

Pediatrics – See Pediatric Dosing and Monitoring Protocol available on the clinical intranet

Liver disease

Pregnancy

References:

1. Nutescu E, Spinler SA, Dager WE. Low molecular weight heparins in renal impairment and obesity: Available evidence and clinical practice recommendations across medical and surgical settings. *Ann Pharmacother* 2009;43:1064-83.
2. Nutescu E, Dager W. Heparin, low molecular weight heparin, and fondaparinux. In: Gulseth M. *Managing anticoagulation patients in the hospital. The inpatient anticoagulation service.* Bethesda, MD: American Society of Health-System Pharmacists. 2007:177-202.
3. Monagle P, Michelson AD, Bovill E, et al. Antithrombotic therapy in children. *Chest* 2001;119(suppl 1)344S-70S.