	<b>M43 - ENOXAPARIN (LOVENOX)</b>	
	MEDICATION STANDING ORDER	<b>HIGH ALERT MEDICATION <sup>1</sup></b>
Version date: 2023-12-13		Effective date: 2024-01-16 (0700)

### INDICATIONS

- Known or suspected ST elevation myocardial infarction (STEMI) if the patient is going directly to primary coronary intervention (PCI) and only after consultation with the Code-STEMI physician



### CONTRAINDICATIONS

- Patient may be candidate for fibrinolysis with TNK
- Known hypersensitivity to enoxaparin
- Patient is known to be on an anticoagulant and has taken it that day
- History of heparin-induced thrombocytopenia (HIT) within the past 100 days
- Active bleeding that cannot be controlled by basic measures or at a non-compressible site

ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
INTRAVENOUS (PCP & ABOVE)	Less than 75 years - 0.5 mg/kg (max = 50 mg)	None
SUBCUTANEOUS (PCP & ABOVE)	Less than 75 years - 1 mg/kg (max = 100 mg) <sup>2</sup>	
	More than 75 years – 0.75 mg/kg (max = 75 mg) <sup>3</sup>	

### NOTES

1. ERS HIGH-ALERT MEDICATION: Refer to Shared Health Provincial Clinical Standard - Safety Controls for High-Alert Medications (refer to A03 - HIGH ALERT MEDICATIONS).
2. There is an increased risk of intracranial bleeding with intravenous enoxaparin in patients over 75 years of age.
  - Patients under 75 years of age should receive subcutaneous heparin only if IV access cannot be obtained.
  - Patients over 75 years of age should receive only subcutaneous enoxaparin at a reduced dose.
3. The dose should be rounded off to the nearest 10 mg

APPROVED BY	
	
Medical Director - Provincial EMS/PT	Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X08 for change tracking)
<ul style="list-style-type: none"><li>• Addition of Shared Health Provincial Clinical Standard for high-alert medications</li></ul>