University Hospitals of Leicester NHS
NHS Trust

To be used in conjunction with the VTE risk assessment pathway

Thromboprophylaxis
ADMINISTRATION GUIDE
Enoxaparin (Inhixa®)

Some of the doses below are off label and differ from the SPC.
As this is the recommendation from UHL, prescribers will be protected by UHL vicarious liability

Enoxaparin dosage for Adult, non-pregnant, non-orthopaedic (see specific guidelines) patients deemed to be at risk of thrombosis (medical/surgical)

	Renal Function	
Actual Bodyweight	**CrCl ≥30ml/min**	**CrCl <30ml/min**
<50kg	**20mg OD** 	**20mg OD** 
50-100kg	**40mg OD** 	**20mg OD** 
>100-150	**40mg BD** 	**40mg OD** 
>150kg	**60mg BD** 	**40mg OD** 

CrCl <15ml/min Monitor heparin assay on Day 4 and every 4 days to ensure there is no accumulation. Aim for peak levels <0.3iu/ml.
If monitoring the heparin assay is not feasible, consider Dalteparin in the first instance or seek haematology advice.

Dosing table produced in by agreement between UHL Pharmacy and Haematology departments. January 2024