Rainy Lake MEDICAL CENTER
In association with SMDC Health System

Lovenox (Enoxaparin)
Dose Rounding Protocol

Original Date	06/2003	Revision Date	02/2010	Withdrawn Date	

Lovenox is an agent that is dosed on a mg/kg basis it is sometimes written for in odd doses (i.e. 62mg). Because the pre-filled syringes are not graduated in mg increments, it makes it very difficult for the nurses to inject the precise amount. It is believed that enoxaparin is an agent that clinically can be dosed in 10mg increments. It would, therefore, be reasonable for the doses to be written in this manner. Rather than contact individual physicians, pharmacy and nursing will automatically round doses to the **nearest** 10mg. Following are dispensing guidelines:

Please use Lovenox computerized dosing as protocol for rounding and correct renal dosing.

Dose ordered	Dispensed
30-34mg	specify to give 30mg
35-44mg	specify to give 40mg
45-54mg	specify to give 50mg
55-64mg	specify to give 60mg
65-74mg	specify to give 70mg
75-84mg	specify to give 80mg
85-94mg	specify to give 90mg
95-104mg	specify to give 100mg
105-114mg	specify to give 110mg
115-124 mg	specify to give 120mg
125-134mg	specify to give 130mg
135-144 mg	specify to give 140mg
145-154 mg	specify to give 150mg
155-164 mg	specify to give 160mg
165-174 mg	specify to give 170mg
175-184 mg	specify to give 180mg
If the calculated dose is higher using 1.5 mg/kg q 24 hours; round to the nearest whole number as per above.	

General Dosing Information: Enoxaparin should be administered by deep subcutaneous injection and the patient should be lying down. Not for IM administration.

- Do not expel the air bubble from the syringe before the injection in order to avoid any loss of drug.
- Alternate injection sites between left and right anterolateral and left and right posterolateral abdominal wall.

Insert the whole length of the needed into a skin fold held between the thumb and forefinger: the skin fold should be held throughout the injection. Do not rub the injection site afterwards in order to minimize bruising.

_____ ____/____/____ _____:_____
Physician Signature Date Time

PATIENT STICKER