ANTI-COAGULANT DOSING TABLES

East Kent Hospitals University NHS Foundation Trust

THROMBOPROPHYLAXIS DOSING GUIDE in ADULTS		<50kg	50-100kg	100-150kg	>150kg	
LMWH (non-pregnant)	ENOXAPARIN	20mg daily	40mg daily	40mg BD	60mg BD	
Creatinine Clearance <30ml/min (eGFR if weight not available)	ENOXAPARIN	20mg daily	20mg daily	40mg daily	60mg daily	
MATERNITY PATIENTS		<50kg	50-90kg	91-130kg	131-170kg	> 170 kg
LMWH (If pregnant)	ENOXAPARIN	20mg daily	40mg daily	60mg daily	80mg daily	0.6 mg/kg/day
Doses of LMWH should be reduced in pregnant woman with renal impairment and the woman referred to the haemophilia team						
FOR ELECTIVE ORTHOPAEDIC AND UROLOGY PATIENTS REFER TO PROCEDURE SPECIFIC GUIDANCE						
For complex anticoagulant cases please refer to the haemophilia team for advice						
Never prescribe two anticoagulants at same time (except warfarin bridging – see guidelines)						

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TREATMENT ANTI-COAGULANT DOSING GUIDE FOR ADULT DVT/PE PATIENTS		**Normal renal function** Creatinine Clearance >30ml/min (eGFR >30ml/min for LMWH)	**Creatinine Clearance <30ml/min, dialysis patients or in acute kidney injury** (eGFR if weight not available)
DIRECT ORAL ANTICOAGULANTS (DOAC)	Apixaban	10mg twice daily for 7 days then 5mg twice daily	CrCL 15-30ml/min use with caution under consultant supervision
Check for contraindicated drugs such as ticagrelor or prasugrel	Rivaroxaban	15mg twice daily for 21 days then 20mg once daily	Avoid
	Dabigatran and edoxaban are available and prescribing guidance can be found on the formulary		
LMWH (enoxaparin) 1.5mg/kg **except in** renal impairment and obstetrics All doses are rounded to the nearest whole syringe For pregnancy related VTE 1mg/kg bd and refer to the haemophilia team For high risk patients (eg massive PE without thrombolysis) use 1mg/kg bd which is licensed dose		≤ 40 kg give 60 mg	1mg/kg once daily
		41 – 50 kg give 80 mg	
		51 – 65 kg give 100 mg	
		66 – 80 kg give 120 mg	
		81 – 100 kg give 150 mg	
		> 100 kg give 180 mg	
		> 120 kg give 1 mg/kg *twice* daily*	
		* FBC day 5 and day 10 for patients remaining on enoxaparin only to assess for Heparin Induced Thrombocytopenia	
WARFARIN (concurrent with LMWH until INR>2 FOR 2 DAYS)		Only use if contraindication to DOACs such as renal failure or patient preference	
Never prescribe two anticoagulants at same time (except warfarin bridging – see guidelines)			

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