

# Enoxaparin Prescribing Guidance and Counselling Sheet



Patient name and CHI number  
(affix sticky label here)

Please tick boxes to indicate that information has been given to patient/guardian.

This form should be signed by both the patient/guardian and professional providing the information.

File signed form in patient's notes.

<input type="checkbox"/>	Explain indication for therapy.
<input type="checkbox"/>	<p>Check that no cautions or contraindications:</p> <ul style="list-style-type: none"> <li>• Acquired coagulopathy</li> <li>• Acute gastro-duodenal ulcer</li> <li>• Active bleeding of any sort</li> <li>• Acute stroke</li> <li>• Advanced liver disease</li> <li>• Neurosurgery within the previous 3 months</li> <li>• Inherited bleeding disorder e.g. haemophilia, von Willebrand</li> <li>• Previous history of heparin-induced thrombocytopenia</li> <li>• Thrombocytopenia, platelet count less than <math>50 \times 10^9 /L</math></li> <li>• Severe renal impairment, increased bleeding risk when CrCl <math>&lt;30\text{ml/min}</math></li> </ul>
<input type="checkbox"/>	Explain expected duration of therapy.
<input type="checkbox"/>	Inform patient of dose and the strength of syringe which they will be supplied with.
<input type="checkbox"/>	<p>Administration:</p> <ul style="list-style-type: none"> <li>• Demonstrate how to use prefilled syringe and how to administer</li> <li>• If possible allow patient (or teach relative/carer) to inject a dose and observe their technique</li> <li>• Administer at roughly the same time each day</li> <li>• If a carer is doing the administration it is recommended that they wear gloves to perform the injection.</li> </ul>
<input type="checkbox"/>	Advise patient that a missed dose will increase the risk of further blood clots and that strict compliance is essential.
<input type="checkbox"/>	If appropriate advise the patient to stop taking other antiplatelets, anticoagulants or NSAIDs.
<input type="checkbox"/>	Always tell the doctor, dentist or pharmacist that you take Enoxaparin.
<input type="checkbox"/>	<p>Bleeding risk:</p> <ul style="list-style-type: none"> <li>• Advise patient of bleeding risk.</li> <li>• Seek immediate medical attention if significant bleeding or head injury sustained.</li> <li>• Avoid risks from falls/injury – need to take care with hobbies/leisure activities and avoid contact sports.</li> <li>• Advise on the dangers of excess alcohol (increased risk of fall and bleed)</li> </ul>
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>• Contact practice or district nurse and arrange for doses to be administered (informing them of dose, duration and when to commence).</li> <li>• Share above information with patient.</li> </ul>
<input type="checkbox"/>	Arrange OPD appointment if required and inform patient of date and time.
<input type="checkbox"/>	Inform patient to obtain repeat prescription from GP.
<input type="checkbox"/>	<p>Provide patient with an information leaflet on administration of Enoxaparin if available.</p> <p>Provide patient with a yellow sharps box</p>