Worcestershire Acute Hospitals NHS Trust

Enoxaparin (Inhixa®) dosing advice for VTE prophylaxis and treatment in adults

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

Enoxaparin sodium is a biological medicine that belongs to the drug class of low molecular weight heparin. Biological medications must be prescribed and dispensed according to brand. As per the formulary, Inhixa® is the brand used in Herefordshire and Worcestershire.

The purpose of this guideline is to outline the Inhixa® dosing advice for the following indications: prophylaxis dosing for medical/surgical patients, treatment dosing for DVT/PE/metallic valves and antenatal and postnatal prophylaxis dosing. This should facilitate safe and appropriate prescribing by clinicians of enoxaparin at WAHT for the listed indications.

This guideline will also provide administration guidance to nursing staff based on syringe availability, allowing for easier administration and reducing errors when performing dose calculations. The guidance encompasses dose-dependent variables such the patient's body weight and creatinine clearance.

The dosing table(s) in this document are to supersede all other relevant Inhixa® dosing guidance available.

This guideline is for use by the following staff groups:

This guideline is designed for use by all clinical and nursing staff managing adult patients who have been prescribed or require prescribing of prophylaxis or treatment dosing of Enoxaparin (Inhixa®) for the indications outlined in this document.

Lead Clinician(s)

Mohima Akhtar	Lead Pharmacist – Stroke & Thrombosis
Hafsah Mahmood	Rotational Pharmacist
Approved by Haematology & Palliative Care on:	16th May 2025
Approved by Medicines Safety Committee on:	10th June 2026
Approved by Maternity Governance on:	22nd May 2025
Review Date: This is the most current document and should be used until a revised version is in place	10th June 2029

Key amendments to this guideline

Date	Amendment	Approved by:
09/04/2025	New document approved at Medicines Safety Committee	
04/02/2025	Update to treatment dosing in pregnancy as per guideline WAHT-TP-094 and RCOG guidance	Mohima Akhtar
27/03/2026	Treatment doses in pregnancy split into own table as per RCOG guidance	Mohima Akhtar

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ENOXAPARIN (INHIXA®) DOSING ADVICE FOR VTE PROPHYLAXIS AND TREATMENT IN ADULTS

Prophylaxis dosing for medical/surgical patients

Body weight	Creatinine clearance	Enoxaparin dose	Syringe colour
50-99kg	≥30ml/min	40mg once a day	Yellow
< 50kg OR CrCl 15-29ml/min		20mg once a day	Light Blue
100kg-150kg*	≥30ml/min	40mg twice a day	Yellow
>150kg*	≥30ml/min	60mg twice a day	Orange

**If CrCl 15-30ml/min use enoxaparin 20mg once a day and seek advice from consultant haematologist*
If CrCl <15ml/min use unfractionated heparin calcium 5000 units SC twice a day whilst inpatient, to be discussed with consultant haematologist if needed on discharge

Treatment doses e.g. for indications DVT*/PE/metallic valves *(see next page for pregnancy dosing)*

Body weight	Twice daily dosing (1mg/kg) *	Enoxaparin syringe strength	Syringe colour
~25 – 30kg	20mg twice a day	20mg	Light Blue
31 – 44kg	40mg twice a day	40mg	Yellow
45 – 54kg	50mg twice a day	60mg (Expel 0.1ml to obtain 50mg)	Orange
55 – 64kg	60mg twice a day	60mg	Orange
65 – 74kg	70mg twice a day	80mg (Expel 0.1ml to obtain 70mg)	Red
75 – 84kg	80mg twice a day	80mg	Red
85 – 94kg	90mg twice a day	100mg (Expel 0.1ml to obtain 90mg)	Black
95 – 104kg	100mg twice a day	100mg	Black
105 – 114kg	110mg twice a day	60mg and 60mg (Expel 0.1ml to obtain 50mg)⁺	Orange
115 – 124kg	120mg twice a day	120mg	Violet
125 – 134kg	130mg twice a day	60mg and 80mg (Expel 0.1ml to obtain 70mg)⁺	Orange and Red
135 – 144kg~	140mg twice a day	120mg and 20mg	Pink and Blue
145 – 155kg	150mg twice a day	150mg	Indigo

If CrCl 15-29ml/min use 1mg/kg once a day
If CrCl <15ml/min, consider IV unfractionated (WAHT-HAE-019)
Uncomplicated DVT treatment with low risk of reoccurrence can be dosed with 1.5mg/kg once a day* *(see next page)***
⁺120mg and 150mg Inhixa® syringes are not graduated in 0.1ml thus not advised to have any doses expelled from them
~Extreme body weights should be discussed with your ward pharmacist and/or haematology

Antenatal and Postnatal prophylaxis dosing

Body weight *(booking in weight)*	Enoxaparin dose	Syringe colour
<50kg	20mg once a day	Light Blue
50 – 90kg	40mg once a day	Yellow
91 – 130kg	60mg once a day*	Orange
131 – 170kg	80mg once a day*	Red
>170kg	0.6mg/kg/daily*	

**Can be given in two divided doses*

Contra-indications to use (not an exhaustive list)

- Active bleeding
- Acquired bleeding disorder
- Inherited bleeding disorder
- Acute stroke
- Platelets <75 x 10^9/L
- Previous heparin induced thrombocytopenia
- Known allergy to heparin/LMWH
- Concurrent anticoagulants

For advice or more information please contact:

Pharmacy

- Your ward based pharmacist during working hours Monday – Friday
- Weekend site team on Saturdays
- Out-of-hours for emergency advice, call the on-call pharmacist via switchboard

Haematology

- On-call haematology via switchboard

Creatinine Clearance calculator: Creatinine Clearance (Cockcroft-Gault Equation)
Guideline for management of venous thromboembolism: WAHT-HAE-019
Thromboprophylaxis in pregnancy (VTE): WAHT-TP-093

Treatment doses e.g. for indications DVT/PE/metallic valves* in uncomplicated patients			
Body weight	**Once daily dosing (1.5mg/kg)**	**Enoxaparin syringe strength**	**Syringe colour**
~25 – 34kg	40mg once a day	40mg	Yellow
35 – 46kg	60mg once a day	60mg	Orange
47 – 59kg	80mg once a day	80mg	Red
60 – 73kg	100mg once a day	100mg	Black
74 – 86kg	120mg once a day	120mg	Violet
87 – 96kg	140mg once a day	100mg and 40mg	Black and Yellow
97 – 103kg	150mg once a day	150mg	Indigo
104 – 113kg+	160mg once a day	100mg and 60mg	Black and Orange
114 – 126kg+	180mg once a day	100mg and 80mg	Black and Red
>126kg+~	BMI to be calculated and 1mg/kg twice daily dosing to be used		

If CrCl 15-29ml/min use 1mg/kg once a day
If CrCl <15ml/min, consider IV unfractionated heparin (WAHT-HAE-019)
Complicated patients (obesity, symptomatic PE, cancer, recurrent VTE or proximal thrombosis) should have 1mg/kg twice a day
+BMI to be calculated and patients who are obese should have 1mg/kg twice a day dosing
~Extreme body weights should be discussed with your ward pharmacist and/or haematology

Treatment doses e.g. for indications DVT/PE/metallic valves in pregnancy			
Body weight *(booking in weight)*	**Twice daily dosing**	**Enoxaparin syringe strength**	**Syringe colour**
<50kg	40mg twice a day	40mg	Yellow
50 – 69kg	60mg twice a day	60mg	Orange
70 – 89kg	80mg twice a day	80mg	Red
90 – 109kg	100mg twice a day	100mg	Black
110 – 125kg	120mg twice a day	120mg	Violet
>125kg~	To be discussed with haematology		

If CrCl 15-29ml/min use 1mg/kg once a day
If CrCl <15ml/min, consider IV unfractionated heparin overlapped with warfarin (WAHT-HAE-019)
Refer to guideline Treatment of VTE occurring in pregnancy for further details (WAHT-TP-094) as well as up to date information from RCOG (No 37b)
~Extreme body weights should be discussed with your ward pharmacist and/or haematology

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	Management of patients prescribed enoxaparin	Analysis of incident trends via directorate HATS	Annually	Directorate led HAT reviews	Directorates	Annually
	Administration of enoxaparin to by registered nurses to patients	Analysis of incidents via DATIX	Annually	Directorates	Directorates	Annually

References

1. East Lancashire Hospitals NHS Trust (2024) Use of Low Molecular Weight Heparins (LMWH) Enoxaparin (Inhixa™) in Primary and Secondary Care – BEST PRACTICE GUIDELINE V8.0. East Lancashire Healthcare Economy. Available at: https://www.lancashireandsouthcumbriaformulary.nhs.uk/docs/files/LMWH%20Best%20Practice%20Guideline%208.0%20-%20published%20%20on%2003.12.24.pdf
2. Herefordshire and Worcestershire Medicines and Prescribing Committee Low molecular weight heparins. Available at: https://www.hereworcsformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=2&SubSectionRef=02.08.01&SubSectionID=C100&drugmatch=3935#3935
3. National Institute for Health and Care Excellence (a) Parenteral anticoagulants. Available at: https://bnf.nice.org.uk/treatment-summaries/parenteral-anticoagulants/#low-molecular-weight-heparins
4. National Institute for Health and Care Excellence (b) Venous thromboembolism. Available at: https://bnf.nice.org.uk/treatment-summaries/venous-thromboembolism/
5. Newnham, D.A. and Suraweera, P. (2023) Thromboprophylaxis in Pregnancy (VTE) - WAHT-TP-093.
6. NICE guidelines [NG158]. Venous thromboembolic diseases: diagnosis, management and thrombophilia testing. March 2020. Available from: https://www.nice.org.uk/guidance/ng158
7. Power, R. and Shafeek, D.S. (2023) Guideline for the Management of Venous Thromboembolism Including the management of patients receiving low molecular weight heparin - WAHT-HAE-019.

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Hafsah Mahmood – Rotational Pharmacist
Mohima Akhtar – Lead Pharmacist – Stroke & Thrombosis
Louise Williams – Lead Pharmacist for Women's and Paediatrics

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Pharmacy Governance Committee
Medicines Safety Committee
Haematology and Palliative Care Governance

Supporting Document 1 - Equality Impact Assessment Tool

. To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

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Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust	☒·	Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Hafsah Mahmood**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Hafsah Mahmood	**Rotational Pharmacist**	**Hafsah.mahmood1@nhs.net**
	Mohima Akhtar	**Lead Pharmacist – Stroke & Thrombosis**	**Mohima.Akhtar1@nhs.net**
Date assessment completed	**26/02/2025**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Enoxaparin (Inhixa®) dosing advice for VTE prophylaxis and treatment in adults.**			
What is the aim, purpose and/or intended outcomes of this Activity?	To have a readily available dosing table for Inhixa® use			
Who will be affected by the development & implementation of this activity?	×	Service User	×	Staff
	×	Patient	❑	Communities
	❑	Carers	❑	Other _____
	❑	Visitors	❑	
Is this:	❑ Review of an existing activity × New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	See reference list
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	See contribution list
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers;		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**3 years**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Hafsah Mahmood
Date signed	26/02/2025
Comments:	
Signature of person the Leader Person for this activity	Mohima Akhtar
Date signed	26/02/2025
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	N
2.	Does the implementation of this document require additional revenue	N
3.	Does the implementation of this document require additional manpower	N
4.	Does the implementation of this document release any manpower costs through a change in practice	N
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	N
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.