

DALTEPARIN PRESCRIBING INFORMATION FOR PRIMARY CARE

Indication	Dose of Dalteparin		Duration of Treatment
Prophylaxis of VTE (NICE NG89)	5000 units once daily (2500 units daily in dialysis patients)		Dependent on type of surgery and/or time taken for patient's mobility to return to normal state
Treatment of DVT / PE See www.bnf.org.uk	Patient weight Under 46kg 46-56 kg 57-68 kg 69-82 kg 83 kg and over	Once daily dose 7500 units 10 000 units 12 500 units 15 000 units 18 000 units	For patients initiated on warfarin: until INR in range for 2 days (minimum 5 days of dalteparin) Where warfarin contraindicated: for 3 to 6 months Longer courses or life long treatment may be justified in patients at continued high risk of VTE
PREGNANCY Prophylaxis of VTE during Pregnancy and/or following delivery (RCOG Guideline 37a) Treatment dose - during pregnancy - following delivery	Patient weight (use booking weight) Under 50kg 50-90 kg 91-130 kg 131-170 kg Over 170 kg	Once daily dose 2500 units 5000 units* 7500 units 10 000 units 75 units/kg/day	During pregnancy and/or up to 6 weeks after delivery (dependent on level of risk). *High prophylactic (intermediate dose) for women weighing 50-90 kg: 5000 units twice daily. Please see RCOG Guideline 37a for when this dose is indicated. As Treatment of DVT/PE above (warfarin can be used postnatally, once risk or haemorrhage is low, usually 5 – 7 days after delivery).
Extended treatment and prophylaxis of VTE in patients with solid tumours See www.bnf.org.uk	Patient weight Under 46 kg 46 – 56 kg 57 – 68 kg 69 – 82 kg 83 kg – 98 kg 99 kg and over	Once daily dose 7500 units for 6 months 10 000 units for 30 then 7500 units for 5 months 12 500 units for 30 days then 10 000 units for 5 months 15 000 units for 30 days then 12 500 units for 5 months 18 000 units for 30 days then 15 000 units for 5 months 18 000 units for 6 months	Relevance of continuing treatment beyond this period will be evaluated according to individual risk/benefit ratio, taking into account particularly the progression of cancer. Doses may be interrupted or reduced in chemotherapy induced thrombocytopenia – as advised by haematologist / oncologist
Further notes	For patients with an increased risk of bleeding, an equivalent twice daily dosing may be recommended. Monitor FBC, BCP and coagulation (PT and APTT) at baseline to check for contraindications to anticoagulation and that renal function is adequate. Monitoring with anti-Xa assay may be appropriate in pregnancy & renal failure – obtain specialist advice. Renal failure : Dalteparin can accumulate in patients with GFR < 30 ml/min. If dalteparin treatment dose is prescribed, dose should be reduced and patient monitored closely for bleeding. Guidelines on the diagnosis and management of heparin-induced thrombocytopenia http://onlinelibrary.wiley.com/doi/10.1111/bjh.12059/full		

