

A guidance for GP prescribing of dalteparin (Fragmin®) in medical patients.
Joint Formulary status: Amber 2

This guidance specifically relates to DVT and PE in patients in whom oral anticoagulation with warfarin is inappropriate or unjustified e.g. poor compliance, cognitive impairment, chaotic lifestyle or recreational drug misuse, increased bleeding risk and severe liver dysfunction.

Dalteparin prescribing for the **treatment of DVT and PE in adult cancer patients** is AMBER 1 and an Effective Shared Care Agreement (ESCA) is required for these patients.

Licensed dose:

Body weight (Actual weight)	Dose of dalteparin given once daily
<46 kg	7500 units
46–56 kg	10000 units
57–68 kg	12500 units
69–82 kg	15000 units
>83 kg	18000 units

Before a patient is discharged on dalteparin from hospital, the prescriber will have:

- Discussed the benefits and side effects of treatment with the patient.
- Assessed likelihood of compliance and ensured patient or carer is given sufficient information about their treatment (i.e. administration of dalteparin/trained if self medicating).
- Ensured accurate weight is recorded in patient notes and discharge letter.
- Referred patient to the district nurse if administration by the patient or carer is not possible.
- Provided the patient with the first 4 weeks supply.
- Advised patient to obtain further supply from GP allowing GP 5 days to issue a prescription.
- Done baseline FBC, INR, APTT, U&Es, eGFR, LFTs.
- Informed the GP in the discharge letter the dose of dalteparin and the recommended duration of treatment and confirm if necessary, district nurse support.

The British Society for Haematology Guidelines on the diagnosis and management of heparin-induced thrombocytopenia state that medical patients receiving LMWH do not need routine platelet monitoring.¹

¹ British Journal of Haematology 2012: 159: 528-540 . Available at www.b-s-h.org.uk