Tinzaparin Prescribing Advice

East Lancashire Hospitals NHS Trust

PLEASE NOTE that there are TWO DIFFERENT strengths of Tinzaparin preparations available

DVT/PE Treatment 20,000 IU/mL

When patients are receiving concurrent therapeutic anticoagulation (e.g. warfarin), treatment doses of tinzaparin should only be stopped once the INR has been greater than 2.0 for at least 48hrs, and the patient has received at least six days of treatment with tinzaparin in total.

	Bodyweight (kg)	Bodyweight (Stones/lbs)	Prescribed Dose (Anti-Factor Xa IU)†	Injection Volume (mL)
0.5mL Syringe	40	6/4	7,000 IU	0.35mL
	45	7/1	8,000 IU	0.40mL
	50	7/12	9,000 IU	0.45mL
	55	8/9	10,000 IU	0.50mL
0.7mL Syringe	60	9/6	11,000 IU	0.55mL
	65	10/3	11,000 IU	0.55 mL
	70	11/0	12,000 IU	0.60mL
	75	11/11	13,000 IU	0.65mL
	80	12/8	14,000 IU	0.70mL
0.9mL Syringe	85	13/5	15,000 IU	0.75mL
	90	14/2	16,000 IU	0.80mL
	95	14/13	17,000 IU	0.85mL
	100	15/10	18,000 IU	0.90mL
	105	16/7	18,000 IU	0.90mL
	For patients above 105kg in weight, multi-dose vials should be used			
Multi-dose Vial	110	17/4	19,000 IU	0.95mL
	115	18/1	20,000 IU	1.00mL
	120	18/12	21,000 IU	1.05mL
	125	19/9	22,000 IU	1.10mL
	130	20/6	23,000 IU	1.15mL
	135	21/3	24,000 IU	1.20mL
	140	22/0	25,000 IU	1.25mL

† *These figures have been rounded to the nearest 1000 IU*

Doses are rounded to the nearest 0.05mL of injection volume.
Dosage: 175 anti-factor Xa IU/kg bodyweight once daily
Dosage calculation: injection volume (mL) = $\frac{7 \times \text{bodyweight (kg)}}{800}$

From 20,000 anti-factor Xa IU/mL variable dose syringes or multi-dose vials.
See Joint Medicines Formulary for treatment of choice in Acute Coronary Syndrome (ACS).
Information prepared on 11.06.07 by the Medicines Information Service in the Pharmacy at Royal Blackburn Hospital.
For further information, contact Medicines Information on extension 82254.

Thromboprophylaxis 10,000 IU/mL

Bodyweight (kg)	Once Daily Dosage (IU) mL
< 50kg	2500 IU in 0.25mL

Bodyweight (kg)	Once Daily Dosage (IU) mL
50-70kg	3500 IU in 0.35 mL

Bodyweight (kg)	Once Daily Dosage (IU) mL
> 70kg	4500 IU in 0.45 mL

For full guidance on the use of tinzaparin for thromboprophylaxis please refer to the East Lancashire Hospitals NHS Trust Guidelines for Thromboprophylaxis. Available online at **www.elmmb.nhs.uk**

In ALL cases when tinzaparin is prescribed doses must be prescribed as IU and mL, and state the indication as TREATMENT or PROPHYLAXIS on the prescription chart. The patient's weight must always be recorded on the prescription chart.

Contraindications

- Recent cerebral haemorrhage or acute cerebral infarct
- Uncontrolled hypertension (BP > 210/120 mHg)
- Active peptic ulcer disease or oesophageal varices
- Severe liver disease
- Thrombocytopenia (Platelets < 80 x 109/L)
- Active bleeding or raised BASELINE INR >1.5 - seek advice
- Previous heparin induced thrombocytopenia
- Prophylactic doses are not required if receiving therapeutic anticoagulation (e.g. Warfarin)
- Endocarditis
- Recent neurosurgery or eye surgery

Treatment doses of heparin should not be given in conjunction with spinal or epidural anaesthesia. For prophylactic doses see 'Thromboprophylaxis Guidelines'

In renal impairment (GFR < 20ml/min) seek advice from pharmacy/haematology)

Monitoring Requirements

- All patients who are to receive heparin of any sort should have a platelet count checked on the day of starting treatment.
- Patients exposed to heparin in the last 100 days should have a baseline platelet count and another check 24 hours after starting heparin.
- Platelet counts should be performed every 2-4 days from day 4 to day 14. No monitoring is required after 14 days even if the treatment course is longer.
- If the platelet count falls by 50% or more and the patient develops new thrombosis or skin allergy at injection sites between Day 4 and 14 consider a diagnosis of Heparin induced thrombocytopenia and discuss with a haematologist.