

STANDARD OPERATING PROCEDURE FOR ADMINISTERING SUBCUT ENOXAPARIN

Why do we use enoxaparin?

Enoxaparin is a low molecular weight heparin that stops the formation of clots. It is given to patients who are at a high risk of developing a clot for numerous reasons including patient's who are immobile post operatively or patient's who have diseases that increase the likelihood of clot formation.

Equipment

Vial of heparin

Appropriate sized syringe – usually a 1ml syringe

One green needle

Appropriate sized needle – an orange/brown needle depending on the size of the patient

Skin cleansing wipe

Administering enoxaparin by direct injection into the skin

1. Draw up the desired volume of enoxaparin as per the drug kardex plus a little extra using your syringe and green needle
2. Remove the green needle, replace this with orange/brown needle and prime the needle ensuring you now have the prescribed volume in your syringe (this will ensure your needle is sharp for injecting as it can become blunt when passing through the bung in the vial)
3. Discuss with the patient/family about the procedure and gain consent
4. Put on apron, wash your hands and put on gloves – this is a clean technique, you do not have to be sterile
5. Locate an area of skin – preferably the thigh – and chose a relatively fatty with no lumps or damaged skin
6. Pinch the a large area of skin together using your thumb and forefinger to gather the skin and wipe the area using your cleansing wipe, allow to dry for 30 seconds
7. Insert the needle at 45 degree angle to the skin with the needle pointing towards the heart
8. Pull back slightly to ensure no blood is drawn back and if not, slowly push the enoxaparin (if blood is seen in the syringe, remove immediately and start again in a new area)
9. Wait a few seconds, then remove the needle and apply pressure using a cotton pad
10. Cover injection site with a small elastoplast

Administering enoxaparin via an insuflon

1. Follow steps 1-4 above
2. Feel the skin above the insuflon insertion site, this should be soft and free from redness (if not, the insuflon should be removed and reinserted)
3. Using cleansing wipe, clean injection bung of insuflon
4. Insert the needle into the bung, the needle should go all the way into the insuflon so the needle can no longer be seen
5. Slowly push the enoxaparin and once complete, remove the needle
6. Clean the bung again