



Family guide to clexane administration



Affix Patient sticker here.

Date Commenced: _____

Prophylaxis
Therapeutic

Planned duration of therapy.....

Dose on discharge: _____

Next antiXa assay due: _____ Request slip provided to family.

Parent Practical Education.

Date _____ Initial

Insuflon - yes.
N/A.

Education required on direct sub cut injection* .

Date.....Initial.....

*Education regarding direct subcutaneous injection should be given:

- if family preference to give clexane via subcutaneous injection
- if therapeutic clexane indicated and family may need to give clexane via direct subcutaneous injection if insuflon fails and cannot be replaced before next dose of clexane due

Clexane to be administered by: _____

Insuflon to be changed by:

Nurse led clinic. RCH@Home. Local GP/ ED.

Management of Insuflon Changes:

Metropolitan families	Rural families
Refer to RCH @ home <input type="checkbox"/>	Refer to RDNS (if available) <input type="checkbox"/>
Refer to nurse led clinic <input type="checkbox"/>	Contact made with GP/Local ED <input type="checkbox"/> Name of person spoken to :
Provide instructions & letter <input type="checkbox"/>	
After hours insuflon changes will be done at: (local hospital)	

Families to contact Haematology consultant on-call (after hours):

- if insuflon change required after-hours to determine urgency for insuflon change
- any signs of bleeding
- if child receives significant knock to the head
- provide families with Clexane Information sheet

Supplies:

Pharmacy prepared syringes required? .

Yes

No

If yes, concentration of syringe: _____

Parents educated re dose to be given.

Yes Date: _____

Script sent to pharmacy with number of repeats required.

Date _____

Insuflons supplied by.....

- Script for clexane

- Script for sucrose.

To collect from EDC (no request required)

- Alcowipes (1 box) \$3.30 (100)

- 25g needles (1 box) \$3.40 (100) or \$5c each

- Sharps container - 1.4 litre \$3.50 each

Haematology Outpatient Appointment date/time:.....

Preparing the dose of clexane.

- **Administration doses between 10mg and 20mg**

For patients prescribed doses less than 20mg but greater than 10mg, the 20mg/0.2mL preparation of clexane should be used to prepare a concentration of 20mg/1.0mL.

- a) Draw 0.8mL of normal saline (0.9% NaCl) into a 2 mL syringe.
- b) Inject Enoxaprin 20mg/0.2mL directly into normal saline syringe, making a total volume of 1mL.
- c) This equals a concentration of **20mg/1mL**.
- d) From the 2mL syringe withdraw dose required with a 1mL syringe.

- **Administration of 20-40mg doses**

The 20mg and 40mg pre-filled syringes are ready for immediate use and are not graduated. This means they should only be dispensed when the entire contents of that syringe equals the prescribed dose. The full contents of the syringe should be administered. When injecting directly (i.e. not via an insuflon™catheter), the air bubble should not be expelled to avoid loss of the drug into the syringe's dead-space. For injections into insuflon™catheters, the air-bubble should be expelled from the syringe to prevent repeated air instillation into site.

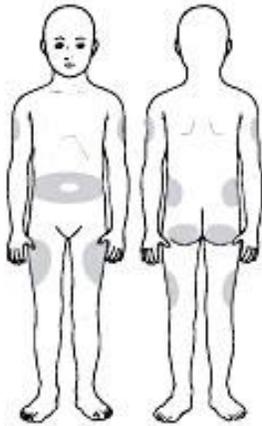
- **Preparation and administration of doses from graduated syringes**

(60mg, 80mg, 100mg, 120mg, 150mg)

- 1) Point the needle of the syringe towards the ground and gently tap the glass. An air-bubble should settle above all liquid in the syringe.
- 2) Carefully depress the syringe plunger to expel excess drug until the bottom of the air-bubble is sitting level with the desired drug volume.
- 3) Inject the prescribed dose into patient, ensuring the air-bubble remains behind the drug volume to be injected. This ensures no drug is 'lost' within the dead-space of the syringe. d) For injections into indwelling devices such as an insuflon™, air should be expelled from the syringe to prevent repeated air instillation into site.

Choosing the site for administration:

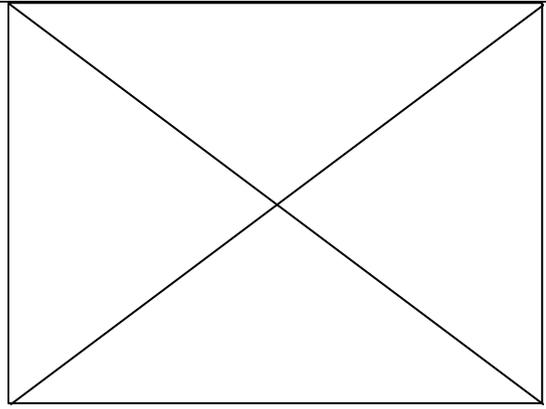
- *Direct subcutaneous injection should be given into a subcutaneous tissue skinfold of the abdomen or the upper-outer aspect of the thigh. The skinfold should be held throughout the injection. After removal of the needle, do not rub the site. Rather, place firm, even pressure to the site of injection for 1-5 minutes. This aids in minimizing the size of the bruise that may develop at the injection site. Its important to rotate your child's injection site to prevent hematomas (lumps) from forming.*



- *Injection via an insuflon™ catheter can be performed in infants and children with sufficient subcutaneous tissue. This is a small soft tube placed into the fatty tissue (subcutaneous tissue) of the body. A needle is used to guide the tube during placement. Once in place, the needle is removed. The tube can be left in place for 3 to 7 days. A insuflon can sometimes be used if the patient is requiring long term anticoagulation or if they become distressed with the injection. Some parents chose to avoid this idea as the insuflon will need regular changes and review.*

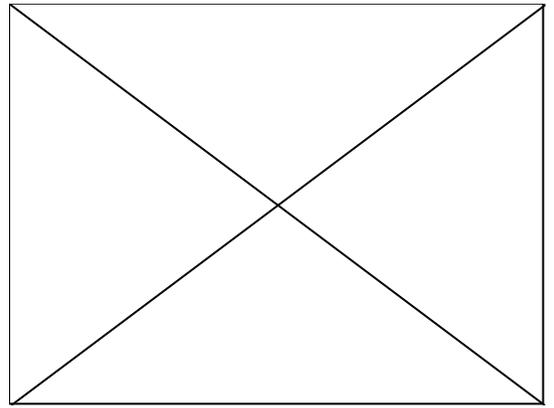


HOW TO GIVE A SUBCUTANEOUS INJECTION

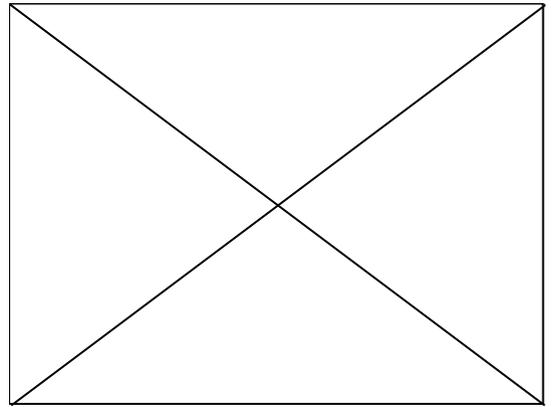


1. Choose the injection spot with a alcohol swab.. Try to change injection sites with each injection you give. For example, inject into the left thigh in the morning and right thigh at night.

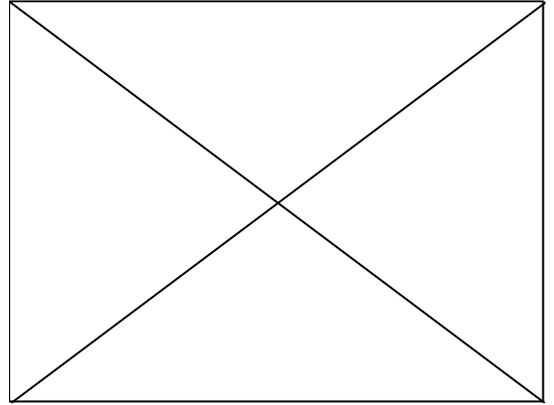
2. Pinch up on the fatty (subcutaneous) tissue to prevent injection into muscle.



3. Insert needle at a 45° angle to the skin. You do not need to pull back on the syringe plunger after inserting the needle (aspirate).
4. Give the drug rapidly to reduce pain. Firmly push the plunger down as far as it will go.
5. Pull the needle out gently at the same angle you put it in. As you take out the needle, let go of the skin roll.



6. Apply firm pressure with a cotton ball to the injection site for 30 seconds following each injection to reduce the chance of bruising. Do not rub the area as it may irritate the skin.



7. Put the needle and syringe in a thick, plastic bottle or sharps container with a lid. Do not try to put the cap back on the needle. This is for safety. When the container is full, bring it to your local pharmacy. They can safely dispose of it for you. Do not put it in your regular garbage.



Its important to monitor your child's injection sites. Slight bruising or lump may appear post the injection. Its important to seek medical attention if the area become inflamed, hot to touch or has excessive bruising.

QUESTIONS AND TIPS: