

Formulary Guidance: Dosing Tables – Dalteparin (DBTH)

Prophylaxis for Medical and Surgical Patients

Weight (kg)	eGFR >20ml/min/1.73m ²	eGFR <20ml/min/1.73m ² †
Under 45kg	2500 units EVE	2500units EVE
45-99kg	5000units EVE	
100-149kg	7500units EVE	
150kg or more	5000units TWICE daily	

† these lower doses should also be used in all those with evidence of acute kidney injury (oliguria over 12 hours or doubling of serum creatinine)

Treatment Doses

Calculated CrCl >30ml/min

Weight (kg)	Initial Dose	Reduced after 4/52 to
Under 45kg	7,500units OD	7,500units OD
45-56kg	10,000units OD	7,500units OD
57-68kg	12,500units OD	10,000units OD
69-82kg	15,000units OD	12,500units OD
83-100kg	18,000units OD	15,000units OD
101-115kg	10,000units TWICE daily*	18,000units OD
116-140kg	12,500units TWICE daily*	10,000units TWICE daily*
Over 140kg	15,000units TWICE daily*	12,500units TWICE daily*

Calculated CrCl 20-30ml/min (these lower doses should also be used in all those with evidence of acute kidney injury (oliguria over 12 hours or doubling of serum creatinine))

Weight (kg)	CrCl 20-30ml/min	CrCl <20ml/min
Under 45kg	7,500units OD*	Discuss dose reduction with a Consultant Haematologist
45-56kg		
57-68kg	10,000units OD*	
69-82kg	12,500units OD*	
83-100kg	15,000units OD*	
101-115kg	18,000units OD*	
116-140kg	10,000units TWICE daily*	
Over 140kg	12,500units TWICE daily*	

*Peak anti-Xa levels should be measured on day 3 of LMWH to ensure therapeutic anticoagulation. Samples should be taken 3-4 hours after administration. Therapeutic levels are between 1.0 and 2.0 for once daily dosing and between 0.5 and 1.0 for twice daily dosing.

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