University Hospitals Division

FONDAPARINUX

Presentation	Pre-filled syringe (0.5ml) containing 2.5mg of fondaparinux sodium
Indication	**Please see attached flow chart** • Treatment of unstable angina or non-ST segment elevation myocardial infarction (NSTEMI) in patients for whom urgent (<120 mins) invasive management (PCI) is **not** indicated • Treatment of ST segment elevation myocardial infarction (STEMI) patients who are managed with thrombolytics or for whom urgent (<120 mins) invasive management (PCI) is **not** indicated
Recommended Dosage for adults	2.5mg once daily After the initial dose, doses should be prescribed at 6pm each day This should be discontinued if 12-hour troponin comes back negative No dose adjustment required for weight or if CrCl >20ml/min
Contraindications	• Patient attending the cardiology catheter laboratory for a primary PCI • Do not use in patients with CrCl <20ml/min. In these patients an intravenous heparin infusion should be used and dose adjusted as per APTT • Hypersensitivity to fondaparinux or any of its excipients • NSTEMI or STEMI patients to undergo CABG within 24 hours • Children under the age of 17 • Active signs of bleeding • Acute bacterial endocarditis • Pregnancy • Lactation

Written by: Cardiology Pharmacist Susan Petrie Signature: Date: 22/07/08

Ratified by: Lead Directorate Pharmacist Helen Veitch Signature: Date: 22/07/08

Clinical Lead for Cardiology Dr I Starkey Signature: Date: 22/07/08

Cautions	• Severe hepatic impairment • Low body weight patients • Patients with a history of heparin induced thrombocytopenia (HIT) • Elderly patients (increased risk of bleeding) • Patients with an increased risk of haemorrhage • Patients being treated concomitantly with agents that may increase risk of haemorrhage (e.g. glycoprotein IIa/IIIb inhibitors or thrombolytics)
Administration	Do not expel the air bubble prior to administration. • NSTEMI patient- 2.5mg subcutaneously once daily The whole length of the needle should be inserted perpendicularly into a skin fold held between the thumb and forefinger. • STEMI patients **receiving thrombolysis** – the **first dose** should be administered **intravenously** and **subsequent doses** by **subcutaneous injection.** For intravenous administration the injection should be given through an intravenous cannula followed by a flush with 5ml of sodium chloride 0.9%.
Length of treatment	Discontinue fondaparinux following successful revascularisation, at discharge or after 8 days.
Side effects	Include: • bleeding (monitor patient for signs of bleeding) • increase in hepatic enzymes • rash • pruritus • hypokalaemia • gastro-intestinal side effects including nausea, vomiting, diarrhoea, constipation, abdominal pain

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Additional Notes	Fondaparinux is **not** indicated for patients attending the cardiology catheter laboratory for a primary PCI. If the patient is to undergo PCI unfractionated heparin should be administered as per local protocol. Fondaparinux should not be given during the 24 hours prior to CABG (where possible) Contains less than 1mmol sodium per dose. Not for intramuscular injection.

References

1. Fondaparinux. Summary of Product Characteristics. www.emc.medicines.org.uk Accessed 30/04/08

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