

## University Hospitals Division

### FONDAPARINUX

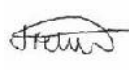
<b>Presentation</b>	Pre-filled syringe (0.5ml) containing 2.5mg of fondaparinux sodium
<b>Indication</b>	<p><b>Please see attached flow chart</b></p> <ul style="list-style-type: none"> <li>Treatment of unstable angina or non-ST segment elevation myocardial infarction (NSTEMI) in patients for whom urgent (&lt;120 mins) invasive management (PCI) is <b>not</b> indicated</li> <li>Treatment of ST segment elevation myocardial infarction (STEMI) patients who are managed with thrombolytics or for whom urgent (&lt;120 mins) invasive management (PCI) is <b>not</b> indicated</li> </ul>
<b>Recommended Dosage for adults</b>	<p>2.5mg once daily</p> <p>After the initial dose, doses should be prescribed at 6pm each day</p> <p>This should be discontinued if 12-hour troponin comes back negative</p> <p>No dose adjustment required for weight or if CrCl &gt;20ml/min</p>
<b>Contraindications</b>	<ul style="list-style-type: none"> <li>Patient attending the cardiology catheter laboratory for a primary PCI</li> <li>Do not use in patients with CrCl &lt;20ml/min. In these patients an intravenous heparin infusion should be used and dose adjusted as per APTT</li> <li>Hypersensitivity to fondaparinux or any of its excipients</li> <li>NSTEMI or STEMI patients to undergo CABG within 24 hours</li> <li>Children under the age of 17</li> <li>Active signs of bleeding</li> <li>Acute bacterial endocarditis</li> <li>Pregnancy</li> <li>Lactation</li> </ul>

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**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

<b>Cautions</b>	<ul style="list-style-type: none"> <li>• Severe hepatic impairment</li> <li>• Low body weight patients</li> <li>• Patients with a history of heparin induced thrombocytopenia (HIT)</li> <li>• Elderly patients (increased risk of bleeding)</li> <li>• Patients with an increased risk of haemorrhage</li> <li>• Patients being treated concomitantly with agents that may increase risk of haemorrhage (e.g. glycoprotein IIa/IIIb inhibitors or thrombolytics)</li> </ul>
<b>Administration</b>	<p>Do not expel the air bubble prior to administration.</p> <ul style="list-style-type: none"> <li>• NSTEMI patient- 2.5mg subcutaneously once daily</li> </ul> <p>The whole length of the needle should be inserted perpendicularly into a skin fold held between the thumb and forefinger.</p> <ul style="list-style-type: none"> <li>• STEMI patients <b>receiving thrombolysis</b> – the <b>first dose</b> should be administered <b>intravenously</b> and <b>subsequent doses</b> by <b>subcutaneous injection</b>.</li> </ul> <p>For intravenous administration the injection should be given through an intravenous cannula followed by a flush with 5ml of sodium chloride 0.9%.</p>
<b>Length of treatment</b>	Discontinue fondaparinux following successful revascularisation, at discharge or after 8 days.
<b>Side effects</b>	<p>Include:</p> <ul style="list-style-type: none"> <li>• bleeding (monitor patient for signs of bleeding)</li> <li>• increase in hepatic enzymes</li> <li>• rash</li> <li>• pruritus</li> <li>• hypokalaemia</li> <li>• gastro-intestinal side effects including nausea, vomiting, diarrhoea, constipation, abdominal pain</li> </ul>


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

1. Fondaparinux. Summary of Product Characteristics. [www.emc.medicines.org.uk](http://www.emc.medicines.org.uk) Accessed 30/04/08


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