

## Adult Community Treatment: Authorisation to Administer and Administration Record Enoxaparin Pre-Filled syringe (part syringe)

<b>Patient details</b> Name  Address  NHS number DOB	<b>Allergies &amp; Intolerances:</b>  No known allergies <input type="checkbox"/> Document nature, details and date of each reaction	<b>Indication for treatment:</b>  Date treatment to start in community:  Planned treatment length in community or end date:			
<b>eGFR:</b>	<b>Creatinine:</b>	<b>Date:</b>	<b>Weight (kg):</b>	<b>Date:</b>	
Medication	Dose	Frequency	Route	Instructions for preparation and use	Pharmacy check
Enoxaparin Sodium pre-filled syringe (INHIXA)	.....	.....	S/C	<b>Administration:</b>  Inject .....ml of a .....mg/.....ml syringe by SUBCUTANOUS injection as directed.  Rotate administration site.	

1. SPC. Inhixa 4,000 IU (40mg)/0.4ml Solution for injection. Last updated 27/4/2022. Available at: [Inhixa 4,000 IU \(40 mg\)/0.4 mL solution for injection - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](https://www.medicines.org.uk/inhixa-4000-iu-40-mg-0-4-ml-solution-for-injection-summary-of-product-characteristics-smpc-emc)

<b>Date &amp; time:</b>																			
<b>Given by:</b>																			
Prescriber must be F2 or above, or a suitable non-medical prescriber.																			
<b>Signed:</b>		<b>Name: (Print Name)</b>		<b>Professional registration number:</b>		<b>Bleep/ Telephone:</b>		<b>Date:</b>											