

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

Patient details Name Address NHS number DOB	Allergies & Intolerances: No known allergies <input type="checkbox"/> Document nature, details and date of each reaction	Indication for treatment: Date treatment to start in community: Planned treatment length in community or end date:			
eGFR:	Creatinine:	Date:	Weight (kg):	Date:	
Medication	Dose	Frequency	Route	Instructions for preparation and use	Pharmacy check
Enoxaparin Sodium pre-filled syringe (INHIXA)	S/C	Administration: Inject the contents of ONE pre-filled syringe by SUBCUTANEOUS 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)

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