

Adverse Effects

- Bleeding:
 - Most common adverse effect. Discontinue LMW heparin.
 - Refer to LMW heparin antidote section for management.
- Osteoporosis:
 - Uncommon.
 - Occurs with prolonged LMW heparin.
 - Monitor bone density if LMW heparin therapy exceeds 3 months.
 - For patients receiving LMW heparin therapy > 3 months, consider bone densitometry studies on day 1 and approximately every 12 months to assess for possible osteoporosis.
- Thrombocytopenia due to **heparin-induced thrombocytopenia (HIT)**:
 - Risk in children is low.
 - May be asymptomatic.
 - May be associated with life threatening or fatal arterial or venous thrombosis.
 - The risk for (HIT) is greater after 5 days of LMW heparin.
 - Suspect HIT if platelet count decreases by 50% or decreases below 150,000/microL.
 - Consult Hematology if HIT suspected.

References:

David, M., et al. Heparin and LMWH in Children. Thrombosis Interest Group of Canada. January 2007. <http://www.tigc.org/eguidelines/heparinchild07.htm>. Accessed 11/15/08.

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Roach ES. Golomb MR. Adams R. Biller J. Daniels S. Deveber G. Ferriero D. Jones BV. Kirkham FJ. Scott RM. Smith ER. American Heart Association Stroke Council. Council on Cardiovascular Disease in the Young. Management of stroke in infants and children: a scientific statement from a Special Writing Group of the American Heart Association Stroke Council and the Council on Cardiovascular Disease in the Young. [Journal Article] Stroke. 39(9):2644-91, 2008 Sep.

These guidelines do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare guidelines for each. Accordingly these guidelines should guide care with the understanding that departures from them may be required at times.