



health

Department: Health  
REPUBLIC OF SOUTH AFRICA



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### ERRATUM TO THE ADULT HOSPITAL LEVEL STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINE LIST, 2019, 5<sup>TH</sup> EDITION.

Please note the following corrections to the Adult Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicine List (EML), 2019, 5<sup>th</sup> edition:

**The dose of enoxaparin for the prevention of venous thromboembolism in patients with renal impairment (eGFR <30 mL/minute) has been corrected as indicated below.**

#### 2.1.6 ANAEMIA, SICKLE CELL

##### MEDICINE TREATMENT (SEVERE VASO-OCCLUSIVE EPISODES)

Use of Oxygen to maintain adequate saturation.

To prevent venous thromboembolism:

- Low molecular weight heparin, e.g.:
- Enoxaparin, SC, 40 mg daily.

In morbid obesity dosing of LMWH should be individualised, in discussion with a specialist.

LoE:III

In renal failure (eGFR <30 mL/minute), the recommended prophylactic dose of LMWH is 1mg/kg daily enoxaparin is 20mg daily.

LoE:III

OR

Unfractionated heparin, SC, 5 000 units 12 hourly.

LoE:III

**Analgesia**

Refer to chapter 12: Anaesthesiology, pain and intensive care.

#### 2.8 VENOUS THROMBO-EMBOLISM

##### Prophylactic treatment

Prophylaxis is indicated for medical patients with moderate to high risk of VTE (see table above), with restricted mobility during acute illness/surgical patients.

- Low molecular weight heparin, e.g.:
- Enoxaparin, SC, 40 mg daily.

LoE:I

In morbid obesity dosing of LMWH should be individualised, in discussion with a specialist.

LoE:III

In renal failure (eGFR <30 mL/minute), the recommended prophylactic dose of LMWH is 1mg/kg daily enoxaparin is 20mg daily.

LoE:III

OR

Unfractionated heparin, SC, 5 000 units 12 hourly.

LoE:III

**ACUTE TREATMENT**

Unfractionated or low molecular weight heparin started simultaneously with warfarin. After 5 days, heparin may be stopped if a therapeutic INR level has been reached and maintained for at least 24 hours.

**Note:** Heparin and warfarin therapy should overlap for at least 5 days.

For proximal deep venous thrombosis and/or pulmonary embolism:

LoE:I

- Low molecular weight heparin, e.g.:
- Enoxaparin, SC, 1.5 mg/kg daily,  
or  
1 mg/kg 12 hourly.

LoE:I

In morbid obesity dosing of LMWH should be individualised, in discussion with a specialist.

LoE:III

In renal failure (eGFR <30 mL/minute), the recommended treatment dose of LMWH enoxaparin is 1 mg/kg daily.

LoE:III

OR

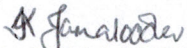
Unfractionated heparin, SC, 333 units/kg as an initial dose.

Follow 12 hours later by 250 units/kg/dose 12 hourly.

Provinces and Healthcare facilities are requested to distribute and communicate this information.

Comments may be submitted via e-mail: [SAEDP@health.gov.za](mailto:SAEDP@health.gov.za)

Kind regards



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CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT

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