Title: IMMUNE GLOBULIN INTRAVENOUS (IVIG)

Responsibility: Registered Nurse (RN)

Purpose: Used for passive immunity in certain infectious exposure patients and immunosuppression for antibody replacement, treatment of idiopathic thrombocytopenia purpura.

Procedure:
1. Immune Globulin.
2. 15 – Micron filter vented tubing provided by pharmacy. Use new tubing with every bottle.
3. Infusion rate controller.
4. Epinephrine 1 mg of 1:1000 readily available in medication machine (AcuDose-Rx) for SQ or IM administration.

1. Review physician order. The dose ordered by the physician varies by disease, product and manufacturer.
2. Confirm patient’s identity with two patient identifiers. Using two patient identifiers will reduce the number of medical errors.
3. Educate patient/family on immune globulin and procedure for administration. Utilization of Micromedex to print off information for patient/family is encouraged.

4. Be sure to screen for any contraindicated disease states before administering. Use Cautiously In: Cardiovascular disease or history of thrombotic event; Renal impairment; Age > 65; Diabetes mellitus volume depletion; Sepsis; Paraproteinemia or concurrent use of nephrotoxic agents.

5. Establish IV of 0.9 NS ONLY. Must use #20 gauge IV or larger for infusion.

6. Verify that Epinephrine 1 mg 1:1000 is readily available to be administered IM or SQ. If using an existing IV access, flush thoroughly with saline before connecting immune globulin.

7. Obtain Immune Globulin and filter vented tubing from Pharmacy. Notify pharmacy if AcuDose-Rx is not stocked with appropriate Epinephrine in over-ride.

8. Prime filter vented tubing and prepare pump. HAVE EPINEPHRINE READILY AVAILABLE

9. Obtain baseline vital signs according to IVIG is to be administered through a separate line, by itself, without mixing with other IV fluids (except NS). Frequently adverse reactions occur during the first 15 minutes of the infusion.
Adverse reaction signs and symptoms include: fever, chills, nausea, fatigue, myalgia, dyspnea, chest pain, back pain, hip pain, faintness, headache and urticaria.

Most reactions are related to the rate of the infusion.

10. Start the infusion, and increase every 30 minutes as tolerated. Refer to product package insert, physician order, and chart below for infusion rates, adjustments, and limits.

<table>
<thead>
<tr>
<th>Product Strength/Rate</th>
<th>Initial Infusion Rate</th>
<th>Incremental Increase in Rate (Every 30 minutes as tolerated)</th>
<th>Maximum Infusion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immune Globulin Infusion (Human) 5%</td>
<td>0.6 mL/kg/hr</td>
<td>0.6 mL/kg/hr</td>
<td>4.2 mL/kg/hr</td>
</tr>
<tr>
<td>Immune Globulin Infusion (Human) 10%</td>
<td>0.3 mL/kg/hr</td>
<td>0.3 mL/kg/hr</td>
<td>2.4 mL/kg/hr</td>
</tr>
</tbody>
</table>

If adverse event occurs during infusion, stop the infusion for 30 minutes (duration that most side effects subside) and then restart at 50% of the previous rate. Contact physician prior to restarting and for significant or repeated events.

* These guide infusion rates are based on all products available. Your specific product may allow for faster infusion rates. See package insert for specific product information.

11. Monitor vital signs every 15 minutes the first hour, then every 30 minutes until the infusion is completed and document in medical record.

12. Flush IV tubing with 50 ml 0.9 NS upon completion of infusion and dispose.

13. Document date, time, lot number, dose of administration, patient tolerance, all adverse reactions (if applicable), and total intake volume in electronic medical record.

Revised by: Stephanie Talbert, BSN, RN, & Lindsey Eitniear, PharmD.
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Reviewed: 10/95, 7/99
Revised: 12/92, 7/2002, 6/05, 6/08, 6/30/10, 3/14, 7/15, 4/16

References:
- Flebogamma® 5% DIF (R) [package insert]. Barcelona, Spain: Instituto Grifols.