Lab Learning Tool – Criteria for the Clinical Use of Immune Globulin

What is the Criteria for the Clinical Use of Immune Globulin?

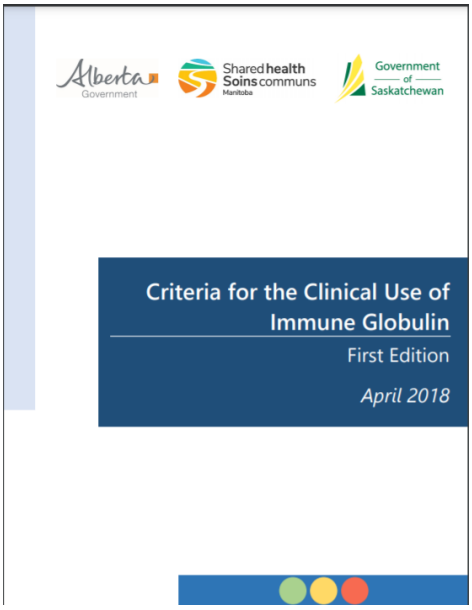
The Criteria for the Clinical use of Immune Globulin (IG) and its background document were created as part of the Prairie Collaborative IG Utilization Management Framework project. This project was a tri-provincial undertaking between the Alberta, Manitoba, and Saskatchewan ministries of health. It involved multidisciplinary committees comprised of specialists from the three provinces, and it was supported by a research team from the Ambassador Guideline Adaptation and Development Program at the Institute of Health Economics (IHE). The first edition printed on April 2018. A second edition is currently in progress and will be released mid-late fall.

The document clearly identifies which medical conditions are approved for IVIG treatment. It also outlines safe dosing parameters for certain conditions.

Where can I find the Criteria for the Clinical Use of Immune Globulin (IG).

- Saskblood – Click '*Programs'.* Click *'Saskatchewan Immune Globulin Stewardship Program'.* https://saskblood.ca/programs/sk-ivig-program/

Document Name	Date of Original Publication	Date Revised	
Criteria for the Clinical Use of Immune Globulin (First Edition)	July 18, 2018	July 18, 2018	DOWNLOAD
Background Document	July 17, 2018	July 17, 2018	DOWNLOAD



Note: Consider printing a hardcopy and store it in the Transfusion Laboratory for quick reference.

How to use the Criteria for the Clinical Use of Immune Globulin?

The document uses a color system to identify at first glance whether or not IVIG is an approved treatment for specific medical conditions. Please see 'Appendix A' below for category definitions,

APPENDIX A: Categorization of Recommendations

Summary of Criteria to Determine the Categorization of Recommendations

Do ✓	• The Guideline Development Group (GDG) accepted the original recommendation (from the seed guideline), which provided a prescriptive direction to perform the action or used the term "effective" to describe it. • The GDG supplemented a recommendation or created a new one, based on their collective professional opinion (with or without additional research evidence), which supported the action.

Do Not Know ?	• The GDG accepted the original recommendation, which did not recommend for or against the action or stated that there was "no evidence," "insufficient or conflicting evidence," or "no good evidence" to support its use.
	• The GDG supplemented a recommendation or created a new one, based on their collective professional opinion (with or without additional research evidence), which was equivocal with respect to supporting the action.
	  ○ "Inconclusive evidence to recommend for or against": the additional research evidence comprised at least one systematic review presenting conflicting or equivocal results or stating that the evidence in relation to the action was "limited," "inconclusive," "inconsistent," or "insufficient."
	  ○ "Insufficient evidence to recommend for or against": the additional research evidence did not include a systematic review.

Do Not Do ✗	• The GDG accepted the original recommendation, which provided a prescriptive direction not to perform the action, used the term "ineffective" to describe it, or stated that the evidence does "not support" it. • The GDG supplemented a recommendation or created a new one, based on their collective professional opinion (with or without additional research evidence), which did not support the action.

Example #1

Heparin induced thrombocytopenia is an approved indication for IVIG use.

✓ Heparin-induced thrombocytopenia (HIT)	
Do Recommendation	IVIG may be considered as an option for severe HIT refractory to standard therapies.
Dose	2 g/kg adjusted body weight divided over 2 days.
Review Criteria	Patient response should be documented according to objective measures of effectiveness established at the outset of treatment.
Evidence Source	EO (GDG-CS)

Example #2

There is insufficient evidence to support thrombotic thrombocytopenic purpura (TTP) as an approved indication for IVIG. Please **consult** the Transfusion Medicine Physician (TMP) on call. The TMP may still approve IVIG use. The patient would require a follow-up appointment in 3 months.

? Thrombotic thrombocytopenic purpura (TTP)	
Do Not Know Recommendation	There is insufficient evidence to recommend for or against IVIG.
Dose	There is insufficient evidence to recommend a dose.
Review Criteria	Patient response should be documented according to objective measures of effectiveness established at the outset of treatment.
Evidence Source	EO (GDG)

Example #3

Clostridium difficile is **NOT** an approved indication.

× Clostridium difficile infection (CDI), recurrent	
Do Not Do Recommendation	IVIG is not recommended in the absence of hypogammaglobulinemia (see separate entry for secondary hypogammaglobulinemia).
Evidence Source	SR (G17)