ADULT Intravenous Immune Globulin Order Set
Frequently Asked Questions - Nursing

The IG Stewardship Program is rolling out an updated order set on March 25th, 2025, incorporating key stakeholder feedback. These updates are designed to enhance ease of use while ensuring the optimal and appropriate use of intravenous immune globulin, a costly and limited resource.

Supporting Document Section

SaskBlood

1. SHA CS-OS-1911 Adult Intravenous Immune Globulin Order Set
2. SHA Blood Products: Monographs and Resources: Intravenous Immunoglobulin, 10% and Intravenous Immunoglobulin Solvent Detergent Treated, 5%
3. Poster - IVIG Order Sets Program Approval Process
4. Poster - IVIG Weight Changes
5. Process Map – ADULT Inpatient and Urgent Outpatient IVIG POS Process Map
6. Process Map – ADULT Outpatient IVIG POS Process Map

Key Changes on the Set

- Prescribers are now required to include clinical notes with the Adult IVIG POS submission to the IG Stewardship Program detailing the diagnosis and rationale for IG treatment (acute or maintenance outpatient therapy)
- Specification of IVIG product: 10% IVIG or 5% IVIG
- QR code to the Adjusted Body Weight (ABW) calculator within the Adult IVIG POS
- 5. Adjusted Body Weight (ABW) Calculation (select option A or B)
    - Option A is authorization for the IG Stewardship Program to calculate ABW and total dose
    - Option B MRP calculates ABW and total dose
- 6. Toxic Shock Syndrome IVIG Dose
- 7. Tapering IVIG Dose
- 8. Medication: A. Pre-Infusion Medications now has Preventative Infusion Measures for IVIG Reactions
- Screening and Approval to be completed by the IG Nurse Navigator or TML revised

Blood Consent

- Valid Blood Consent Form is required prior to administration of IVIG.
- The Most Responsible Practitioner (MRP) is required to document that they have obtained informed consent or refusal of consent for blood transfusion.
- The duration of a Blood Consent form is:
    a. One (1) Admission or,
    b. If the patient suffers from a chronic condition, the course of treatment will be for a duration of one (1) course within twelve (12) months, as long as the patient's condition has not significantly changed.

1. Does the IG Stewardship Program do anything with blood consent forms?

- The IG Stewardship Program maintains a registry of the valid blood consent forms for Outpatient Patients and is requesting a valid blood consent form from the MRP with all Outpatient IVIG Orders. We will include the valid blood consent form *if received*.
- Valid blood consent for inpatient orders is the responsibility of the transfusionist. The IG Stewardship Program would appreciate a copy of the valid blood consent form for our records, however this is not required.

2. Should Nursing reach out to the MRP for an expiring Outpatient IVIG blood consent?

- The IG Stewardship Program reaches out to the MRP six (6) weeks prior to the expiry of a valid blood consent form on file and again at two (2) weeks prior to the expiry of the valid blood consent form.
- If an updated blood consent form is NOT obtained prior to the expiry date of the current blood consent form the Nurse Navigator will reach out to the infusion clinic to notify of blood consent expiry. It is the responsibility of the transfusionist to confirm valid blood consent prior to initiation of an IVIG infusion.

Adjust Body Weight (ABW) Calculation (select option A or B)

1. Where do I find the Adjusted Body Weight?

- The Adjusted Body Weight will be in *Screening and Approval to be completed by the IG Nurse Navigator or TML* box at the bottom of Page 3.

Note: The Adjusted Body Weight is the correct weight to use to program the Smart Pump.

2. Where is the dose to be provide to patient?

- Regardless of option A or B, the final approved dose to be provided to the patient is found in the *Screening and Approval to be completed by the IG Nurse Navigator or TML* box:
  - Induction dose: ___ g; divided over ___ days
  - Maintenance dose: ___ g; divided over ___ days
    Repeat every ___ weeks for ___ cycles

Note: MRP may request only an induction dose, only a maintenance dose or both.

3. What happens in the event the patient height is less than 152.4 cm?

- Use the minimum height of 152.4 cm with the patient current weight in the Adjusted Body Weight Calculator to calculate an Adjusted Body Weight (Dosing Weight) and Dose for patient.

New IVIG Dosing Sections

1. Why is the Toxic Shock Syndrome IVIG Dose included?

- Feedback from key stakeholders indicated Toxic Shock Dosing Schedule difficult to communicate, new section created for ease of user.

2. How does the tapering IVIG Dose section work?

- MRP to complete the taper schedule, specifying the dose, interval and total number of cycles.
- The Screening and Approval to be completed by the IG Nurse Navigator or TML Box will indicate if a Tapering IVIG Dose has been completed.

Note: The dose and/or interval can change between the taper lines.

Medication Section A. Pre-Infusion Medications – Preventative Infusion Measures

1. When are Pre-Infusion Medications Required?

- Pre-Infusion Medications are only to be ordered if patient has had a previous reaction to IVIG.
- A Transfusion Adverse Event Report will recommend the required pre-infusion medications.
- IVIG transfusion reactions can often be mitigated with a decreased infusion rate.

Note: In some instances the MRP may request pre-infusion medications with no history of reaction.

2. Do Pre-Infusion Medications need to be administered with each infusion?

- If Pre-Infusion Medications are ordered they are to be provided prior to each infusion.

3. What is the new Preventative Infusion Measures for IVIG Reactions?

- Reduced infusion rate: MAXIMUM rate ____ mL/kg/h
- Headache prevention: Give ___ mL of ___ IV over ___ minutes prior to IVIG infusion

Screening and Approval Box

1. How to identify the Order Set has been screened and approved?

- The IG NN/Tech Signature Line will be completed and dated.

2. Why is this important?

- All IVIG Orders are to be screened by either an IG Stewardship Program Nurse Navigator or Transfusion Medicine Laboratory (TML) prior to IVIG infusion.

- If the Screening and Approval Box is not completed the order set has not been approved.
  - For Inpatient Orders Submit POS to local TML for Screening and Approval.
  - For Outpatient Orders reach out to the MRP to ensure the required information is forwarded to the IG Stewardship Program for Screening and Approval by either fax or email.

3. How to use the Screening and Approval Completed by the IG Nurse Navigator or TML box:

SCREENING AND APPROVAL TO BE COMPLETED BY IG NURSE NAVIGATOR OR TML				
☐ IV Immunoglobulin, 10% **OR** ☐ IV Immunoglobulin, 5% (☐ TMP approval confirmed) ☐ Specific IG Brand Requested (if applicable): _____				
☐ Calculated ABW _____kg ☐ Induction Dose _____g; over ___ days ☐ Maintenance Dose _____g; over ___ days ☐ Approved for _____ cycles	☐ If required, total dose adjusted to _____g ☐ TMP Consulted (Name) _____ Date Blood Consent Obtained: _____ Infusion Site/Facility: _____ Estimated Start Date of POS: _____			
IG NN/Tech Signature: _____	**Date:** _____			

1) Confirmation of Type and Brand of IVIG (if applicable) will be completed.
2) Calculated ABW will be included for programming the Smart Pump:
   - If patient is pregnant or under ideal body weight – Actual Body weight is to be used to program the pump. (N/A will be indicated if no ABW to be used).
3) IVIG Dosing for both Option A and B in the Adjusted Body Weight Section:
   - Induction Dose ___g; over ___ days will be completed (N/A will be indicated if no induction dose ordered).
   - Maintenance Dose ___g; over ___ days will be completed (N/A will be indicated if no induction dose ordered) and Approved for ___ cycles will indicate the total number of cycles approved.
4) If a Toxic Shock Syndrome IVIG Dose or Tapering IVIG Dose has been requested it will be indicated by text in the screening and approval box.
5) If required, total dose adjusted to ___g box:
   - If Option B has been selected in section 5. Adjusted Body Weight (option A or B) and the total dose in the screening and approval box is different than the dose requested in Section 5 Option B the total dose adjusted to will indicate the change.
6) Date Blood Consent Obtained (if applicable) will be included.
7) Infusion Site/Facility:
   - Location of infusion site and TML the approved order set has been faxed to.
8) Estimated Start Date of POS:
   - This date is an estimate based on the patient's treatment schedule and may change by up to 30 days.

POS expiry and renewals

1. When does an IVIG order set expire?

- Induction Dose Expiry: once the dose is provided.
- Maintenance Dose Expiry: The order set shall expire either 6 months (maximum for initial requests) or 12 months (maximum for renewal requests) from the *estimated start date of POS* in the Screening and Approval to be completed by IG Nurse Navigator or TML box.
  - For renewal requests any cycles not completed within the maximum time frame of 12 months from the *estimated start date of POS* will be void.

2. Should Outpatient Infusion Clinics reach out to the MRP when an order set is expiring?

- No. The IG Stewardship Program sends IVIG renewal letters out to the MRP six (6) weeks prior to the Order Set expiry and again two (2) weeks prior to the Order Set expiry.

Smart Pump Programming and IVIG Administration

1. Why are IVIG doses rounded to the nearest 5 grams?

- All Adult patients will have their dose rounded to the nearest 5 gram vial to reduce waste of IVIG according to the available vial sizes.

2. What is the correct procedure for infusing IVIG?

- The Intravenous Immunoglobulin, 10% product monograph includes the ADULT 10% Infusion Rate Table and outlines all steps required for infusion.
    - SaskBlood has a direct link to the SHA monograph **Intravenous Immunoglobulin, 10% Product Monograph**
- The Intravenous Immunoglobulin Solvent Detergent Treated, 5% product monograph includes the Gammagard S/D® 5% Infusion Table and outlines all steps required for infusion.
    - SaskBlood has a direct link to the SHA monograph **Intravenous Immunoglobulin Solvent Detergent Treated, 5% Product Monograph**

Note: All Blood Product: Monographs & Resources are found on the SHA through Laboratory Medicine → Transfusion Medicine → Blood Products: Monographs & Resources and can be found by scanning the QR code.

3. What do I do if the patient weight is different than the order set?

- Reach out to the IG Stewardship Program for weight changes of ± 5 kg.

4. How does dividing doses over "x" days work?

- The dose does not have to be divided equally each day and can be divided in any manner to prevent IVIG wastage based upon available vial sizes.

Note: A difference of 5 - 10 g between days is acceptable and does not pose a safety concern.

Transfusion Reaction

1. What do I do if I suspect a Transfusion Reaction?

- Stop the transfusion/infusion immediately. DO NOT discard blood component or blood product.
- Refer to the Administration of Blood Components and Blood Products Clinical Standard (CS-CS-0018) Adverse Transfusion Reactions for further information.

2. What documents need to completed?

- All minor and serious suspected transfusion reactions require a Transfusion Adverse Event Report (TAER) Form. Upon complete the form is submitted to local transfusion medicine laboratory.

3. What do I do if a patient notifies the transfusionist of a delayed reaction?

- It is the responsibility of the notified health care provider to complete a Transfusion Adverse Event Report (TAER) Form. Delayed transfusion reactions occurring post-transfusion must also be reported to the MRP and TML immediately the date the patient reports the delayed reaction.

IVIG Infusion Rate Table

1. Why is the infusion rate table not included on the order set?

- The infusion rate table is included in the Intravenous Immunoglobulin, 10% product monograph.

2. Where do I find the infusion rate table?

- SaskBlood has a direct link to the SHA printable PDF version ADULT Generic 10% IVIG Infusion Rate Table.

3. Is there a separate infusion rate table for 5% IVIG?

- Yes. The Intravenous Immunoglobulin Solvent Detergent Treated, 5% product monograph outlines a Gammagard S/D® 5% Infusion Table.

Note: Subsequent vials with different lot numbers do not have to restart at the initial rate.

IVIG infusion temperature

1. **How long do I wait for IVIG to reach room temperature?**
   - IVIG will reach room temperature in 30 minutes.
2. **Should I warm IVIG?**
   - IVIG should never be warmed by any method.

What ADULT Patient Information and Education Resources are available?

1. Intravenous Immune Globulin (IVIG) Adult – Information for Patients and Families Brochure (CS-PIER-0010)
2. Intravenous Immune Globulin Patient Logbook (CS-PIER-0005)
3. Immune Globulin – Frequently Asked Questions (CS-PIER-0006)
4. Immune Globulin Therapy Options – Which IG Therapy is Best for Me? (CS-PIER-0009)
5. Subcutaneous Immune Globulin – Information for Patients and Families (CS-PIER-0008)

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