ADULT Intravenous Immune Globulin Order Set
Frequently Asked Questions – Prescribers

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

1. SHA CS-OS-1911 Adult Intravenous Immune Globulin Order Set
2. Memo (whatever the title is in the end)
3. SHA Blood Products: Monographs and Resources: Intravenous Immunoglobulin, 10% and Intravenous Immunoglobulin Solvent Detergent Treated, 5%
4. Criteria for the Clinical Use of Immune Globulin (Second Edition February 2022)
5. IVIG Adjusted Body Weight (ABW) Dosing Calculator
6. ADULT Inpatient and Urgent IVIG POS Process Map
7. ADULT Outpatient IVIG POS Process Map

Key Changes on the Set

- Specification of IVIG product: 10% IVIG or 5% IVIG
- 3. Lab investigations now has space to provide ABO
- 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 prescriber 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

New Adult Intravenous Immune Globulin Order Set location

Please reach out to the IG Stewardship Program by email at igstewardshipprogram@saskhealthauthority.ca if unable to upload/locate the new form.

1. **Med Access**
   - The zip file for Med Access has been uploaded into the RQ MED Access Instance.
2. **Accuro**
   - Will need to be downloaded
3. **Forms on Demand**
   - For all former Saskatoon Health Region Employees
4. **Saskblood.ca**
   - SaskBlood has a link to the provincial order set on the SHA intranet
5. **SHA order sets**
   - Order Sets page on the SHA intranet: SHA ADULT Intravenous Immune Globulin Order Set

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.

IVIG Dose

1. **What is the rationale for requesting specialist's clinical notes supporting diagnosis and rationale for immunoglobulin treatment?**
   - All IVIG orders are screened against *The Criteria for the Clinical Use of Immune Globulin (Second Edition, February 2022)* which indicates:
     - "The use of immune globulin (IG) requires understanding of the diagnosis and pathophysiology of the disorder being treated. This includes monitoring and measuring outcomes to inform further treatment. A review by an appropriate specialist should occur before the initiation of IG therapy, whenever possible. Ongoing use of IG for chronic conditions should be done primarily by specialists with expertise in the particular disorder being treated, or in partnership with them. This is particularly important for recommendations in the "Do Not Know" category."
     - "The dosing of IG will vary, depending on whether IG is for replacement therapy or immunomodulation and the individual patient's condition, clinical presentation, comorbidities, concurrent therapy, and response."

2. **Do I need the ACTUAL Height and ACTUAL Weight for my patient?**
   - All IVIG orders are based upon Weight. Without an accurate Weight or Height, an Adjusted Body Weight is not able to be calculated to ensure appropriate use of IVIG.
   - Patient dosing weight (Adjusted Body Weight) is used by the transfusionist to program the Smart Pump.

3. **Why do we use Adjusted Body Weight?**
   - The National Advisory Committee supports the use of an adjusted body weight calculator for IVIG dosing in obese adult patients to prevent align with evidence-based clinical guidelines.

4. **Do we have to order the IVIG g/kg dose from the options in the ABW calculator?**
   - Any dose of g/kg can be requested regardless of ABW Calculator Drop down options. Example: 0.7 g/kg.

5. **How do I request a 12 month approval?**
   - Please indicate request on the POS by requesting the total number of cycles to be completed within 12 months. Include a clinic note or a completed questionnaire.
   - 12 month approval is at the discretion of the IG Stewardship Program.

6. **Are there any recommendations for Weaning IVIG?**

   The Criteria for the Clinical Use of Immune Globulin (Second Edition, February 2022) recommends:
   - Reduce the monthly dose by about 20 to 30% rounded down to the nearest 5 grams; continue for 4-6 months and reassess.
     - If the patient is clinically stable, proceed with a further 20 to 30% dosage reduction; repeat as clinical circumstances permit. If the patient is clinically stable at a dose of <0.5 g/kg/month, consider discontinuing IG.
     - If clinical problems recur, return to the previous effective dose.
   - Increase the dosing interval; continue for 6 months and reassess.
     - If the patient is clinically stable, increase the dosing interval as clinical circumstances permit. If the patient is clinically stable through two consecutive 12-week intervals, consider discontinuing IG.
     - If clinical problems recur, return to the previous effective dose.

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

Option A – Prescriber AUTHORIZATION for the IG Stewardship Program to calculate Adjusted Body Weight (Dosing Weight) and total dose (grams) provided.

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A. ☐ **PRESCRIBER AUTHORIZATION** for IG Stewardship Program to calculate **Adjusted Body Weight (Dosing Weight)** and **total dose (grams)** provided. Prescriber Initials: _____

☐ Induction/One-time Dose: _____ g/kg; divided over _____ days (e.g. ITP: 1g/kg ABW)

☐ Maintenance Dose: _____ g/kg; divided over _____ days

Repeat every _____ weeks for _____ cycles (Maximum 6 months for initial requests)

1. How do I request a AUTHORIZE the IG Stewardship Program to calculate the ABW and total dose?

- Complete the tick box beside the letter A. and ensure Prescriber Initials included.
- Without Prescriber Initials the IG Stewardship Program is unable to complete the total dose (grams) request.

1. What needs to be included?

- Prescriber initials must be completed
- Induction dose: ___ g/kg; divided over ___ days
- Maintenance dose: ___ g/kg; divided over ___ days
  - Repeat every ___ weeks for ___ cycles

Note: *The dose completed in Option A is the **g/kg** requested. The **total grams** to be provided to the patient will be calculated by the IG Stewardship Program if Option A is selected.*

Option B – Prescriber NOT authorizing the IG Stewardship Program to calculate Adjusted Body Weight

B. ☐ If you are **NOT** authorizing the IG Stewardship Program to calculate Adjusted Body Weight, **please provide: Adjusted Body Weight (Dosing Weight)** _____ kg

- Use AHS IVIG Adjusted Body Weight Calculator to calculate dosing weight unless otherwise indicated

☐ Induction/One-time Dose: _____ g/kg; = _____ g total; divided over _____ days

☐ Maintenance Dose: _____ g/kg = _____ g total; divided over _____ days

Repeat every _____ weeks for _____ cycles (Maximum 6 months for initial requests)

1. How do I calculate the Adjusted Body Weight?

- Calculate the Adjust Body Weight (Dosing Weight) by using the Adjusted Body Weight Calculator or scanning the QR code to the right.
- Ensure gender selected is correct, the patient actual weight and actual height.
  - If patient is under 152.4 cm please use the patient actual weight with a height of 152.4 cm to calculate a Dosing Weight.

1. What needs to be included?

- Induction dose: ___ g/kg; = ___ **g** total; divided over ___ days
- Maintenance dose: ___ g/kg; = ___ **g** total; divided over ___ days
  - Repeat every ___ weeks for ___ cycles

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?

- Prescriber to complete the taper schedule, specifying the dose, interval and total number of cycles.
- 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.

2. 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

IVIG Order Completion

1. What needs to be included on all 3 pages prior to Screening and Approval?

- Ensure all 3 pages are dated and signed.
- Ensure the product type requested (either 10% IVIG or 5% IVIG) is selected on all 3 pages.

2. Where do I send the completed IVIG POS?

- All outpatient IVIG orders need to be sent to the IG Stewardship Program by fax 306-766-3509 or email igstewarshipprogram@saskhealthauthority.ca
  - Outpatient Orders require a valid blood consent form.
- All inpatient IVIG orders are to be submitted to the Local Transfusion Medicine Lab

Contact information:

The IG Stewardship Program
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