

12 PLASMA DERIVED BLOOD COMPONENTS

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12.10 Normal Immunoglobulin VF
Section 12
Transfusion Medicine Protocols
Women's & Newborn Health Services
Perth Western Australia

12.10 NORMAL IMMUNOGLOBULIN VF (5ML)

DESCRIPTION

Each 5mL vial contains 160mg/mL human plasma proteins, with 98% being immunoglobulins (mainly IgG). This product is for intramuscular use.

INDICATIONS

Indicated in patients with

- Congenital and acquired primary hypogammaglobulinaemia.
- Secondary hypogammaglobulinaemia when there is a tendency to recurrent infection such as multiple myeloma, macroglobulinaemia, leukaemia, nephrosis and protein-losing enteropathy.
- Susceptible contacts of hepatitis A, measles and poliomyelitis.

PRECAUTIONS AND CONTRAINDICATIONS

Immunoglobulin VF is contraindicated in individuals with

- Isolated Immunoglobulin A (IgA) deficiency, unless they have been tested and shown not to have circulating IgA antibodies.
- Severe thrombocytopenia or any coagulation disorder that would contraindicate IM injections.

Immunoglobulin VF must not be administered intravenously because of the potential for anaphylactic reactions.

It should be given with caution to patients with a history of prior systemic allergic reactions following the administration of human Immunoglobulin preparations.

DOSE AND ADMINISTRATION

Dosage varies depending on the clinical indication. Refer to Consultant Immunologist or Consultant Haematologist for advice.

The product should be brought to room temperature before use and given slowly by deep intramuscular injection using a 20 g needle.

Further information may be found at the CSL website (link below)

http://www.csl.com.au/s1/cs/auhq/1217017237558/Web_Product_C/1196562710322/ProductDetail.htm

PATIENT MONITORING

Local tenderness, erythema and stiffness may occur at the site of injection and may persist for several hours.

Mild pyrexia, malaise, drowsiness and urticaria have been reported occasionally after injection of Immunoglobulin. True allergic reactions are rare but skin lesions, headache, dizziness, nausea, generalised hypersensitivity reactions and convulsions have been reported on rare occasions.

Refer severe reactions to the Consultant Haematologist unless the patient is under the care of the PMH Department of Immunology in which case refer to the Consultant Immunologist.

DOCUMENTATION

A record should be kept in the patient's history of the following

- The date of infusion
- Patients observations and general condition during the infusion
- Amount given
- The batch number and expiry date of each bottle used (place a sticker with the batch number on the Transfusion Medicine Record sheet PMH MR616/ KEMH MR735). This information is important should the patient have a reaction to the infusion or if there is a need to trace recipients of certain batch numbers at a later date.