12.15 CMV IMMUNOGLOBULIN VF (1.5 MILLION UNITS)

DESCRIPTION
Each vial contains 6% blood proteins, with 98% being immunoglobulins (mainly IgG) and contains 1.5 million units of CMV Immunoglobulin activity. This product is for intravenous use.

The WNHS Infection Control Policy 4.1 Cytomegalovirus may be viewed in the infection control manual which is available on the intranet – link below:

HTTP://WNHS.HDWA.HEALTH.WA.GOV.AU/PROCEDURESPOLICIESMANUALS/CLINICAL_GUIDELINESMANUALS_PROCEDURES/DEPARTMENT_MANUALS/WNHS_INFECTION_CONTROL_MANUAL?SQ_ACTION=LOGOUT

INDICATIONS
- Prevention of CMV infection in bone marrow, cardiac and liver transplant recipients who are CMV antibody negative where the donor is CMV antibody positive.
- Treatment of established CMV infection in association with virucidal treatment.

DOSE AND ADMINISTRATION
No agreed dosage is standard. Dosage varies depending on the clinical indication. Refer to Consultant Immunologist or Haematologist for advice.

- The product must be used immediately after opening. Any unused solution must be discarded. Do not use the product if it appears turbid or cloudy.
- Allow the product to reach room temperature before administration.
- Administer Intravenously only.
- Commence the infusion at a rate of 1mL per minute.
- After 15 minutes the rate may gradually be increased to a maximum of 3 to 4mLs per minute over a further 15 minutes.

Refer to current product information sheet for further details of compatibility with other medicines and to view Table of CMV Immunoglobulin VF Dosage based on bodyweight recommendations.
PATIENT MONITORING

Reactions are often related to the infusion rate and most likely to occur within the first hour of infusion.

Mild pyrexia, abdominal pain, headache, chest tightness skin rash nausea or vomiting have been reported after injection of Immunoglobulin.

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.

Take observations as for all blood products
- Baseline TPR and BP
- TP at 15 minutes then hourly until completion.
- TPR and BP on completion.

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.

REFERENCES


ARCBS Immunoglobulin Information

CSL CMV Immunoglobulin Product Information

WNHS Infection Control Manual