

South Australian Neonatal Medication Guidelines

immunoglobulin intragam p

3g in 50mL (6%) intravenous solution

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Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Synonyms

Human normal immunoglobulin, Gamma globulin, IVIG

Dose and Indications

1g = 1000mg

Neonatal alloimmune thrombocytopenia and haemochromatosis

Intravenous Infusion

1g/kg as a single dose. Repeat in 24 hours if required

Haemolytic disease of the newborn

Intravenous Infusion

500mg/kg as a single dose

Preparation and Administration

Intravenous Infusion

Start slowly, increase rate only if tolerated;

- > First 30 minutes 1mL/kg/hour (equivalent to 60mg/kg/hour)
- > Next 30 minutes 2mL/kg/hour (equivalent to 120mg/kg/hour)
- > Thereafter 4mL/kg/hr (equivalent to 240mg/kg/hour)

Do not mix or piggy back with other medications or intravenous fluids.

Flush before and after with sodium chloride 0.9%.

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South Australian Neonatal Medication Guidelines Workgroup at:
NeoMed@health.sa.gov.au

Compatible Fluids

Glucose 5%, sodium chloride 0.9%

Diluting immunoglobulin is not recommended

Adverse Effects

Infusion related side effects include hypotension, tachycardia and flushing.

Infrequent

Muscle spasms, hypertension, increased temperature, oedema.

Rare

Apnoea, bronchospasm, anaphylaxis, leucopenia, anaemia, renal dysfunction, aseptic meningitis syndrome, transfusion related acute injury

Monitoring

- > Baseline pulse rate and blood pressure, at 30 minutes then at one hour (at each rate increase), then every hour, on completion and 1 hour post infusion
- > Infusion site for phlebitis at 30 minutes then at one hour then every hour until completion
- > Observe for infusion related side effects (hypotension, tachycardia and flushing)
- > If infusion related side effects occur, the infusion should be stopped then recommenced at a slower rate
- > Baseline full blood count and electrolytes recommended

Practice Points

- > The maltose present in Intragam P may interfere with some blood glucose measurements, resulting in the overestimation of blood glucose results. If this glucose measurement is used to guide treatment, hypoglycaemia may occur.
- > Immunoglobulin is available through the blood transfusion service
- > Intravenous immunoglobulin does not require a filter.

Version control and change history

PDS reference: OCE use only

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1.0	May 2013	current	Original version

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