

South Australian Neonatal Medication Guidelines

# immunoglobulin kiovig

## 1g in 10mL (10%) intravenous infusion

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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, IGIV.

This guideline should be used in conjunction with the [Kiovig 10% Bloodsafe Guide to Administration](#)

### Dose and Indications

1g= 1000mg

#### Neonatal alloimmune thrombocytopaenia and neonatal 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

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## Preparation and Administration

### Intravenous Infusion

Start slowly, increase rate only if tolerated;

- > First 30 minutes 0.5mL/kg/hour (equivalent to 50mg/kg/hr)
- > Next 30 minutes 1mL/kg/hour (equivalent to 100mg/kg/hour)
- > Thereafter 2mL/kg/hr (equivalent to 200mg/kg/hour)

Do not mix or piggy back with other medications or intravenous fluids. Flush before and after with sodium chloride 0.9%.

## Compatible Fluids

Glucose 5% for intravenous flush and diluent

Sodium chloride 0.9% for intravenous flush only

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

- > 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

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version

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