



# Octagam® 5%

## Intravenous Human Normal Immunoglobulin (IVIg) Prescribing, Administration and Monitoring (PAM) chart (Paediatrics)

Patient Name:

CHI Number:

(Affix patient label)

### Monitoring Instructions

- Monitor the patient (temperature, blood pressure, pulse and respiratory rate) before starting the infusion, prior to increasing the infusion rate and for 1 hour after completion of the first infusion or 20 minutes after subsequent infusions.
- Patients must be closely monitored and observed for any symptoms throughout the infusion period. Follow the recommended infusion rate closely as certain adverse reactions may be related to the rate of infusion.
- Monitor urine output and serum creatinine levels. Patients must be adequately hydrated prior to initiation of infusion of IVIg. Avoid concomitant use of loop diuretics.
- Monitor for signs and symptoms of thrombosis. Assess blood viscosity in patients at risk for hyperviscosity.

### Side Effects

- Infusion-rate related reactions: headache, flushing, chills, myalgia, wheezing, tachycardia, lower back pain, nausea, and hypotension. If they occur, reduce the rate or stop the infusion.
- Hypersensitivity reactions including rash, itching, anaphylaxis. Anaphylactic reactions are rare but can occur even in patients who have previously tolerated treatment. Resuscitation facilities should always be available.
- Transfusion-related acute lung injury (TRALI) symptoms include: respiratory distress, tachypnoea, hypoxia and fever. These can appear within 1 to 6 hours of infusion, often within 1-2 hours.
- IVIG has also been associated with thromboembolic events (DVT, PE, MI and stroke), acute kidney injury, haemolytic anaemia, neutropenia/leukopenia and Aseptic Meningitis Syndrome (AMS).
- Adverse reactions are more likely to occur in patients receiving IVIg for the first time, following a prolonged period between treatments, when a different brand of IVIg is administered, with high infusion rates and in patients with an untreated infection or underlying chronic inflammation.
- STOP infusion and seek medical advice if a severe adverse reaction occurs.
- **The maltose content of Octagam®5% may result in falsely elevated glucose readings, both during the infusion and for a period of ~15 hours after the end of the infusion, if a non-glucose-specific blood testing system is used including that of test strips. To avoid serious clinical consequences the measurement of blood glucose should be done with a glucose-specific method. The diabetes team must be contacted before use for advice on appropriate blood glucose testing systems.**
- For full details of side effects, special warnings, cautions & contraindications refer to Summary of Product Characteristics on [EMC website](#).

### Preparation

- Bring product to room temperature before use.
- Octagam®5% is ready diluted, further dilution is not necessary.
- Octagam®5% is supplied in variety of bottle sizes and more than one bottle may be required to make up daily dose.

### Administration of Octagam® 5%

- Octagam®5% should be administered via a controlled rate infusion pump.
- Each infusion should be started at the initial recommended infusion rate. **Do NOT** restart IVIg at the previous maximum tolerated rate.
- Always double check you have the correct brand. Patients who have received IVIg previously should be maintained on the same brand if possible.
- Do not infuse with any other medicines or IV fluids.
- Flush infusion tubing with sodium chloride 0.9% at the end of the infusion.



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**\*\*Please double check you have the correct brand and strength\*\***

Date	Time	Bottle Size (grams) <sup>1</sup>	Infusion Rate (ml/hour)	Batch No & Expiry Date (place a sticker from each bottle below)	Checked by two nurses (sign)	
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<sup>1</sup>Please endorse new bottle as appropriate