Gamunex® 10%

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

Patient Name:

CHI Number:

(Affix patient label)

NHS
Greater Glasgow and Clyde

Prescribing

Indication for immunoglobulin…………………………………………………………………………………………….

Immunoglobulin Request form Complete ☐ Prescriber must complete for all indications: **GREY** indications also require an Individual Patient Request (IPTR) form *(see guideline summary for further information).*

Ideal body weight (IBW) should be used to dose for all patients *(see guideline for worked example).*

IBW:…………….….kg Height:…………….cm *[For reference only, actual weight:…………….kg]*

Dosing Regime:

Prescribe on HEPMA/Kardex as **'Immunoglobulin Injection for infusion PAEDIATRICS AS CHARTED'** for the duration of treatment and add ***'Gamunex 10% Brand'*** as an 'Order Note' or handwrite on the Kardex

Short-term treatment course

Dosing Regimen:……………….g/kg over …………………days

Total dose for course = ………………g given as
(Score off dates if not applicable)

Dose………….g on Day 1 Date …………………………..
Dose………….g on Day 2 Date …………………………..
Dose………….g on Day 3 Date…………………………..
Dose………….g on Day 4 Date…………………………..
Dose………….g on Day 5 Date …………………………..

Long-term treatment course *(a new PAM chart must be filled out for patients that switch from short term to long term treatment course).*

Dose……………………………………………………………. Start Date………………………………………. Frequency……………………….

Review Date:…………………………………………………. *(A new PAM chart is required following review)*

Infusion Rate

Rate to be calculated using IBW in the 'Prescribed Rate' column

If clinically appropriate to start or complete infusion at an alternative infusion rate, clearly document in the alternative rate column and include the reason in the comments column.

	Dose	***Alternate Dose (if applicable, complete and score off column on left)***	**Prescribed Rate**	**Duration**	**Comments [if applicable]**
Initial infusion rate:	**0.6ml/kg/hr***	*ml/kg/hr*	………………..ml/hr **(Max 30ml/hr)**	For at least 30 mins	
If tolerated, increase to:	**1.2ml/kg/hr**	*ml/kg/hr*	………………..ml/hr **(Max 60ml/hr)**	For at least 30 mins	
	2.4ml/kg/hr	*ml/kg/hr*	………………..ml/hr **(Max 120ml/hr)**	For at least 30 mins	
	4.8ml/kg/hr	*ml/kg/hr*	………………..ml/hr **(Max 240ml/hr)**	To complete infusion	

***In patients with previous allergic reactions or switching from another IVIG consider initial infusion rate of 0.1mL/kg/hour**

****Note: for patients at risk of thromboembolic events or acute kidney injury, maintain at the minimum infusion rate practical****

Prescriber Signature: …………………………………Print…………………………………………………Date:………………………

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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.

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.
- Gamunex®10% is ready diluted, further dilution is not necessary.
- Gamunex®10% is supplied in variety of bottle sizes and more than one bottle may be required to make up daily dose.

Administration of Gamunex® 10%

- Gamunex®10% 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.
- Gamunex®10% has a low pH and may cause venous irritation and tissue damage in cases of extravasation. If a central venous access device is unavailable, administer via a large peripheral vein monitoring the insertion site closely using a recognised phlebitis scoring tool. Re-site cannula at first signs of inflammation.
- 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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Administration

Nursing staff must complete administration details below and record temperature, blood pressure, pulse and respiratory rate on PEWS chart. See monitoring section above for further information.

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

Date	Time	Bottle Size (grams)[1]	Infusion Rate (ml/hour)	Batch No & Expiry Date (place a sticker from each bottle below)	Checked by two nurses (sign)	
				Gamunex®10%		
				Gamunex®10%		
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				Gamunex®10%		
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[1] Please endorse new bottle as appropriate

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