

PROTOCOL FOR: Immune Globulin: Intravenous Administration

- POLICY:
1. There are several brands of IVIG available. MD or licensed independent practitioner (LIP) must specify product type.
  2. IVIG must always be administered via infusion pump.
  3. IVIG is only compatible with normal saline. Do not mix with any other solution.

SUPPORTIVE DATA: Immune Globulin is a sterile, non-pyrogenic solution of globulins containing many antibodies normally present in adult human blood. It is commercially available for IV administration as immune globulin IV (IVIG).

Some IVIG preparations will need to be infused through filtered tubing provided by the pharmacy. Check with your unit's pharmacist.

IVIG infusion rate must be gradually increased over the first hour of the initial infusion. Communicate with the unit pharmacist about the infusion rate of the product to be infused. This allows for assessment of adverse reactions. IVIG is usually infused over 4-6 hours, depending on the total volume of the infusion.

DESIRED

PATIENT OUTCOMES: Patient will experience no/minimal signs of allergic reaction and/or anaphylaxis during administration of IVIG.

CLINICAL ASSESSMENT  
AND CARE:

1. Check history of previous reaction to IVIG.
2. Administer premedication as ordered.
3. Assess intravenous line for patency prior to administration of IVIG.
4. Document vital signs (T, P, R, BP)
  - a. At baseline just prior to initiating infusion,
  - b. After each rate change or a minimum of every 30 minutes while the rate is being increased,
  - c. After the maximum rate is reached, then every 60 minutes for the duration of the infusion
5. Assess for and report adverse reactions:  
fever/chills  
headache  
flushing

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urticaria  
chest tightness  
dyspnea  
wheezing  
diaphoresis  
feeling of faintness/light headedness  
chest, hip, joint or back pain  
leg cramps  
hypotension  
nausea and vomiting

6. Stop the infusion if an adverse reaction and/or anaphylaxis are noted. Report to M.D. or LIP.

- PATIENT TEACHING:
1. Reinforce to patient and/or family rationale for IVIG therapy.
  2. Review schedule of administration of IVIG.
  3. Instruct patient to notify staff if any adverse reaction or side effects occur (see above).

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 7/94

REVISION DATES: 1/96, 7/97, 10/97, 2/00, 11/02, 4/03, 8/06, 7/09