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Santé et Services sociaux Québec

DT9491

Patient last name, first name:

Medical record number: | Sex ☐ M ☐ F

RAMQ : | Date of birth (yyyy/mm/dd)

Healthcare Facility:

Care unit:

Request for Non-specific Intravenous Immunoglobulin (IVIG) NON-NEUROLOGY INDICATIONS ONLY

Section A: Prescriber and type of request — All sections are mandatory

Date of request (yyyy/mm/dd):	Expected date of treatment (yyyy/mm/dd):	Request number(s) (reserved for Blood Bank):
Prescribing physician (please print):		Location where the Ig will be administered:

Initial request (approved for a maximum of 6 months)
☐ Single dose ☐ 1 month ☐ 3 months ☐ 6 months

Renewal Request: A reassessment is required to confirm effectiveness of treatment and ensure that the required minimum dose is prescribed (approved for a maximum of 12 months) ☐ 6 months ☐ 12 months

Section B: Patient information and clinical indication

Comments or other details:

Specialty	Approved Indications (Details on doses and uses are given on the back)
IMMUNOLOGY	**Result: IgG level pre-dose:** _____ ☐ Primary Immune Deficiency PID) ☐ Secondary Immune Deficiency (SID)
HEMATOLOGY	☐ Allogeneic hematopoietic stem cell transplant (prevention of infection) ☐ Acute Immune Thrombocytopenia **Platelet level:** _____ **X10^9/L** ☐ Fetal or Neonatal Allo-immune Thrombocytopenia: ☐ Newborn ☐ Pregnant mother
RHUMATOLOGY	☐ Kawasaki Disease (KD)
DERMATOLOGY	☐ Pemphigus ☐ Pemphigoid
INFECTIOUS DISEASES	☐ Staphylococcal toxic shock ☐ Invasive Group A streptococcal fasciitis with associated toxic shock
ORGAN TRANSPLANTATION	☐ Kidney transplant from living donor to whom the patient is sensitized ☐ Pre-transplant (Heart) ☐ Peri-transplant (heart, lung, kidney, pancreas) ☐ Rejection Post-Transplant: ☐ Acute ☐ Chronic

Other indications **(specify the diagnosis):**

Section C: Dosage Information

The Dose Calculator tool must be used according to the instructions provided on the back: http://ivig.transfusionontario.org/dose/

Patient height: _____ cm Patient weight: _____ kg Dosage weight from the dose calculator: _____ kg ☐ N/A.

Single Dose	_____ g/kg = _____ g; divided over_____ days or Day 1_____ g, Day 2_____ g, Day 3_____ g
Maintenance Dose	_____ g/kg = _____ g; divided over_____ days; every _____ weeks; Duration: _____ months

Dose Calculator used ? ☐ Yes ☐ N/A ☐ No, specify the reason:

Section D: Signature of prescribing physician

Date (yyyy/mm/dd):	Time:	Signature of prescribing physician:	Licence No. (legible):

Send a copy of this form to the Blood Bank

Section E: Reserved for Blood Bank

☐ Dose verified by (signature of the technologist or nurse) : _____ Permit No.: _____

Dose adjusted: ☐ No ☐ Yes , adjusted to: _____

Authorized by (signature of physician): _____ Licence No.: _____

Patient last name, first name	Medical Record Number

General information	
An incomplete form will be returned to the prescriber and the request will only be processed upon receipt of a properly completed form.	
The **Dose Calculator** should be used to calculate doses for patients who are overweight or clinically obese, but it can be used safely for any user as it does not allow adjustment for a user less than 1.52 m (5 feet) or less than the ideal weight. **Calculation: Adjusted Dose =** Ideal Weight + [0.4 x (current – ideal weight)] If the current weight < ideal weight, the dose calculator will use the current weight to calculate the dose.	The Dose Calculator **must not** be used for: ➢ a patient whose height is less than 1.52 m (5 feet) ➢ a patient whose weight is less than 50kg ➢ a patient who is pregnant For PID and SID, the dose calculator can be used for the initial dose, but does not necessarily apply for maintenance treatments. The dose is measured according to IgG level and clinical evolution.
Hemolytic reactions caused by anti-A or anti-B may be observed. The recipient should be monitored for signs of hemolysis.	

The doses and treatment durations recommended for hematology, immunology and dermatology are taken from the Guide d'usage optimal (GUO) [optimal use guidelines] of the Institut national d'excellence en santé et en services sociaux (INESSS). See the following link for details on the terms of use: https://www.inesss.qc.ca/outils-cliniques/outils-cliniques/outils-par-types/ guides-dusage-optimal.html

For other specialties, the doses and treatment durations are derived from the recommendations of the National Blood and Blood Products Advisory Committee (NAC) and are supported by the Comité consultative national de médicine transfusionnelle (CCNMT).

Indications	Recommended dose and duration for non-specific immunoglobulin
Primary Immune Deficiency PID)	Indicated if IgG level 4 g/L and history of severe or recurrent infections Adult and child: Initial dose 0.4–0.6g/kg Maintenance dose: 0.4–0.6g/kg every 3 to 4 weeks Newborn or preterm: Consult a neonatal specialist or pediatric immunologist Adjust dose based on IgG pre-dose dose and response
Secondary Immune Deficiency (SID)	
Allogeneic Hematopoietic Stem Cell Transplant (prevention of infection)	Adult and Child: Initial dose 0.4–0.6g/kg once per month
Acute Immune Thrombocytopenia	Adult: 1–2g/kg (total dose) divided over 2 to 5 days Child: 1g/kg single dose
Fetal or Neonatal Allo-immune Thrombocytopenia:	Newborn: 1g/kg single dose Pregnant mother: 1g/kg single dose (max. 60g) 1 to 2 times per week
Kawasaki Disease	2 g/kg in 1 day. A second dose can be given for patients that fail to respond to the initial
Pemphigus	Adult: 2g/kg (total dose) divided over 2 to 5 days Child: 0.2–2g/kg (total dose) divided over 1 to 5 days
Pemphigoid	
Staphylococcal Toxic Shock	1 g/kg on day one and 0,5 g/kg on days 2 and 3 OR 0.15g/kg per day for 5 days
Invasive Group A streptococcal fasciitis with associated toxic shock	
Kidney transplant from living donor to whom the patient is sensitized	2g/kg per month for 4 months
Pre-transplant (Heart)	Up to 1g/kg per month until transplant
Peri-transplant (heart, lung, kidney, pancreas)	1g/kg can be given in divided doses if in association with a course of plasmapheresis
Rejection Post-Transplant	Acute: 1g/kg can be given in divided doses if in association with a course of plasmapheresis Chronic: 1g/kg per month