Our Digital Future
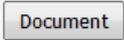IMAGINE WHAT'S POSSIBLE...

ieMR Advanced

Administration of Intravenous Immunoglobulins (IVIg)
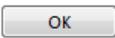
Care Delivery

Quick reference guide

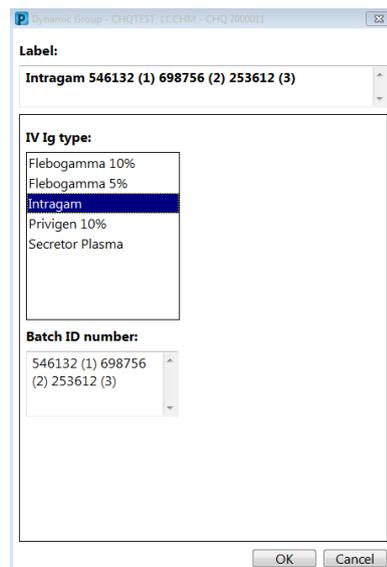### Documentation from CareCompass and create Dynamic Group

1. Navigate to the task on *Care Compass*.

2. Click on the task and then select [Document]

> **Intragam - Administration** Requested Start Date/Time 10-Apr-2018 11:38:00, Dose 10g, Priority Routine, Route of Administr
> Instruction: BLOOD-DERIVED PRODUCT. See product information for administration details
> Comment: 7ml/hr first 15 mins 14 ml/hr for next 15 mins 28 ml/hr for next 15 mins 42 ml/hr thereafter

3. You will be pulled through to *Activity View* within *Interactive View*.

4. A set of vital signs will have already been documented via *Managing Deterioration*, as per the current Administration of Fresh Blood Products procedure – these will pull through to *Activity View*.

5. To create a *Dynamic Group* for the administration of the IVIg, click on the symbol next to *IV Immunoglobulins*.
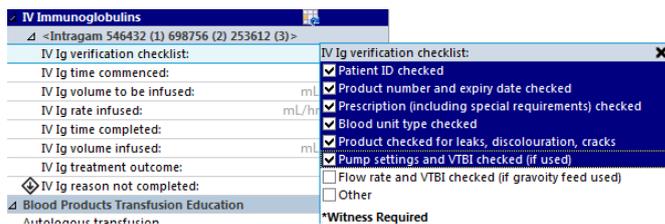
> △ Blood Product Tran...
> ▶ IV Immunoglobulins

6. Chose the appropriate IVIg type and document ALL relevant batch numbers for this infusion, then click [OK]

Label:

Intragam 546132 (1) 698756 (2) 253612 (3)

IV Ig type:

Flebogamma 10%
Flebogamma 5%
Intragam
Privigen 10%
Secretor Plasma

Batch ID number:

546132 (1) 698756
(2) 253612 (3)

[OK] [Cancel]

7. A set of data fields will appear for the clinician to document against.

△ <Intragam 546132 (1) 698756 (2) 253612 (3)>	
IV Ig verification checklist:	
IV Ig time commenced:	
IV Ig volume to be infused:	mL
IV Ig rate infused:	mL/hr
IV Ig time completed:	
IV Ig volume infused:	mL
IV Ig treatment outcome:	
◇ IV Ig reason not completed:	

8. Before commencing each new bottle, complete the following checklist

IV Ig verification checklist:
- ☑ Patient ID checked
- ☑ Product number and expiry date checked
- ☑ Prescription (including special requirements) checked
- ☑ Blood unit type checked
- ☑ Product checked for leaks, discolouration, cracks
- ☑ Pump settings and VTBI checked (if used)
- ☐ Flow rate and VTBI checked (if gravity feed used)
- ☐ Other
- ***Witness Required**

9. Click ✔ to sign. On signing, the nurse witness will be asked to enter their details into the *Witnessed By* field.

> Please enter a witness for the following results:
>
> | Item | Date/Time | Result | *Witnessed By |
> |---|---|---|---|
> | IV Ig verification checklist: (Intragam 54643 | 03-May-2018 7:00 AE | Patient ID checked, Pr | |

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Titrating rate according to order

10. Ensure you complete the following information with each rate change (2 nurses):

    a. Check the highlighted boxes below

    b. Ensure you check the *Other* checkbox, and add the comment "rate change"

    c. Document each incremental rate change as per the Special Instructions within the order

    d. Document the total volume infused with each rate change

IVIg rate infused = the current rate

IVIg volume infused = the volume infused since the last rate change OR once at the maximum rate, the volume infused in the last hour

11. Click ✔ to sign. On signing, the nurse witness will be asked to enter their details into the *Witnessed By* field.

12. Continue to document the incremental rate changes and infused volumes until completion of the infusion.

13. Once the infusion is complete, ensure that the *Dynamic Group* is deactivated by right

clicking on the blue line that contains the IVIg type/batch number and selecting *Inactivate*.

14. The fluid balance will reflect the rate changes and infused volumes

Intragam 546432 (1) 698756 (2) 253612 (3)				
IV Ig volume infused:	mL	70	60	70
IV Ig rate infused:	mL/hr	60	60	60 [4]

Document Site Checks

15. A dynamic group for the device should be created when it is inserted/accessed

16. Navigate to Interactive View > Paediatric Lines-Devices

17. Select the appropriate sub-heading e.g. Peripheral IV or Central Line and document the site check/site condition

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