

# HNE AREA Intensive Care

Approved For: JHH and CMN ICU's and JHH HDU

## IMMUNOGLOBULIN

**Trade Name:** Intragam

**Presentation:**

**Indications:** Proven Immunoglobulin deficiency

Acute inflammatory demyelinating polyneuropathy (AIDP)

**Administration;**

1. Ensure premed is given 15-30min prior to infusion
2. Hydrocortisone 100mg and phenergan 25mg
3. Intragam should reach room temp before use
4. Administer separately from other IV . fluids or medications

Commence infusion:

- 15 minutes at 60 mls/hr
- Next 15 minutes at 120 mls/hr
- Next 15min at 180 mls/hr
- Next 15 minutes at 240 mls/hr
- Maximum infusion rate 240 mls/hr until completion

**Dose**

**Precautions**

1. Reactions usually occur in the first 1 hour and relate to infusion rate
2. For all reactions cease infusion until patient improves then may recommence at slower rate.
3. Very rare severe anaphylactic reactions should be treated as for anaphylaxis.

**Compatibilities:**

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Created: 01-Aug-98 by Dr M Rowley Reviewed: 01-Jun-08 by Dr M rowley Guideline to be reviewed before : 01-Nov-10

These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines