Title	**Octagam 10% solution for infusion**
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Equality & Diversity Impact Assessed	

Octagam 10% solution for infusion (Human normal immunoglobulin 100mg/ml)

Drug :	Octagam 10% solution for infusion.2g (20ml),5g(50ml),10g(100ml),20g (200ml)
Indications:	Immunoglobulins are requested and prescribed by brand name • It is the requesting consultant's clinical responsibility to specify the brand, the indication for, daily dose and duration of treatment for the immunoglobulin. This should be documented in the patients medical notes • Octagam is the cost-effective preparation of choice unless immunoglobulin is being used for an indication for which Octagam is not licensed and an alternative immunoglobulin is licensed • Kiovig is the immunoglobulin of choice for Multifocal Motor Neuropathy, patients who require a sugar-free product (renal failure, diabetes). • If the indication for use is unlicensed – Octagam is the preferred immunoglobulin • For haematology indications Octagam is the immunoglobulin of choice unless Kiovig is requested by consultant
Dose	**Haematology patients**: 1g/kg/day for 2 days (unless otherwise requested by consultant haematologist). **Neurology patients** : 0.4g/kg/day for 5 days (unless otherwise requested by consultant neurologist) • Total dose is rounded down to the nearest size of vial available • Patients with BMIs>30 need dose-adjusted. (An online calculator for calculating the dose-determining weight (DDW) is available at http://www.transfusionontario.org/dose/?searchresult=1&sstring=%EO (This DDW is used to calculate the IVIg dose required).
Administration	Initial rate 0.6ml/kg/hour for 30 minutes, then 1.2ml/kg/hour for 30 minutes, then 2.4ml/kg/hour for 30 minutes, then 4.8ml/kg/hour. - If previous infusions have been well tolerated the rate can be increased to the maximum rate of administration of 7.2 ml/kg/ hour. - In patients at risk for acute renal failure or thromboembolic adverse reactions, IVIg products should be administered at minimum rate of infusion and dose practicable - If adverse reactions occur, reduce the rate of infusion to previously tolerated rate (or stop infusion until symptoms resolve and restart at previouly tolerated rate) - do not use if solution is cloudy or has deposits **Name and product batch number should be recorded on IV infusion chart**
Infusion-related adverse events	Include chills, hypothermia, headache, fever, vomiting, rash, nausea, fatigue arthralgia and changes in blood pressure. Refer to SPC for further information. In case of adverse reaction, either the rate of administration must be reduced or the infusion stopped. The treatment required depends on the nature and severity of the side effect.
Monitoring	**BP, heart rate, oxygen saturation, respiratory rate and temperature** after 15 minutes, 30 minutes and after every increase in rate of administration and then hourly. **U& Es** are checked prior to first infusion, and prior to dose on days 3 & 5 and once (0-3 days) after completion of course of infusion. (Patients with renal failure or diabetes require daily U&Es during course of infusions, on day of completing infusion and 3 days after completion of course).