# I.V.-GLOBULIN SN 5% (IVIG-SN) – IVIG INFUSION PROTOCOL

Adult infusion observation and adverse-reaction checklist

| PATIENT | | MRN | | DATE | | WEIGHT | | IVIG DOSE | | BATCH / LOT | |
|---|---|---|---|---|---|---|---|---|---|---|---|

Product: **I.V.-Globulin SN 5% (IVIG-SN)** (50 mg/mL (0.05 g/mL)) · Only increase to the next rate if the infusion is well tolerated. Slow or stop the infusion if an adverse reaction occurs and follow the treating clinician's or institution's approved protocol.

| Time / stage | Infusion rate | Vital signs | | | | | Side effects and reactions (tick if present) | | | | | | Symptoms / action taken | Nurse initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | BP mmHg | Pulse /min | Temp °C | RR /min | $SpO_2$ % | 1 | 2 | 3 | 4 | 5 | 6 | | |
| **Baseline (before start)** | *No infusion rate* | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
| **First 30 minutes** | 0.6–1.2 mL/kg/hr (0.01–0.02 mL/kg/min) | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
| **30–60 minutes** | *Increase gradually as tolerated* | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
| **60–90 minutes** | *Increase gradually as tolerated* | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
| **90–120 minutes** | *Increase gradually as tolerated* | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
| **Maximum rate** | 3.6 mL/kg/hr (0.06 mL/kg/min) — MAX | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
| **End of infusion** | *No infusion rate* | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |
| **Post-infusion (30 min after completion)** | *No infusion rate* | | | | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | | |

1. Allergic reaction / anaphylaxis: rash, itching, facial swelling, wheeze • 2. Respiratory reaction / TRALI: dyspnoea, wheeze, hypoxia • 3. Thrombosis: chest pain, limb swelling, neurological symptoms • 4. Infusion or circulatory reaction: fever, chills, flushing, rigors, hypotension • 5. Severe headache / meningism: headache, neck stiffness, photophobia • 6. Renal / urine output: reduced urine output or signs of renal dysfunction

**IV Globulin SN 5%:** Start within 0.6–1.2 mL/kg/hr (0.01–0.02 mL/kg/min) for the first 30 minutes. If well tolerated, increase gradually as tolerated according to the treating clinician's or institution's approved protocol. Do not exceed 3.6 mL/kg/hr (0.06 mL/kg/min). If symptoms develop while increasing the rate: reduce the rate or discontinue temporarily until symptoms subside, then follow the treating clinician's or institution's protocol.

**IMPORTANT: MALTOSE IN SOLUTION** IV Globulin SN 5% contains maltose as an excipient. Maltose may cause falsely elevated glucose readings with some glucose-meter methods. Use a glucose-specific testing method and follow the product information and institutional protocol.

## COMMON / INFUSION-RELATED REACTIONS

Headache • Fever • Chills / rigors • Flushing • Dizziness • Nausea / vomiting • Diarrhoea • Back pain • Myalgia / arthralgia • Rash / urticaria / itching • Infusion-site pain / inflammation • Tachycardia / palpitations • Hypotension or hypertension

## RED FLAGS — STOP INFUSION AND ASSESS URGENTLY

Anaphylaxis: hypotension, bronchospasm, angioedema or collapse
Respiratory distress, hypoxaemia or pulmonary oedema; consider TRALI
Chest pain, sudden dyspnoea, unilateral limb swelling/pain or focal neurology; consider thrombosis
Severe headache with neck stiffness or photophobia; consider aseptic meningitis
Reduced urine output or signs of renal dysfunction

## IF AN INFUSION REACTION OCCURS

Slow the infusion or stop it depending on severity. Assess ABCs and vital signs. Escalate to the treating clinician. For suspected anaphylaxis or another severe reaction, stop IVIG and initiate the institution's emergency or anaphylaxis protocol. If a mild reaction resolves, any restart should be at a lower tolerated rate according to the prescriber's or local protocol.

## HIGHER-RISK PATIENTS

Ensure adequate hydration. Use the minimum practicable dose and infusion rate in patients at risk of thrombosis or renal dysfunction. Monitor renal function and urine output when clinically indicated.

This tool supports, but does not replace, the locally approved IVIG protocol, product information, treating clinician's instructions, clinical monitoring and emergency procedures.