NHS SCOTLAND IMMUNOGLOBULIN – REQUEST FORM

This form must be completed by a prescriber and sent to pharmacy/screened by a pharmacist before supply is made

PATIENT	T DETA	ILS												
Print na	ame:								CHI nu	umber:				
Patient	postc	ode												
Height:	:		cm	Weight:			kg			djusted w rweight)	eight /		kg	
Hospita	al / de	partme	ent for trea	tment										
Consult	tant							Spec	iality					
TREATM									• -					
First Tre	atmen	t						On	going tr	eatment				
Expecte	d treat	ment d	uration		S	Short	term (< 3	Bmont	hs)			Long to	erm	
Intraven	nous				S	Subcu	itaneous			·				
Specific brand required (e.g. immunology patient or allergic reaction to specific product) Yes / No/Details														
Replace	ement	therap	y (repeat _l	orescription	า)									
Dose			Frequ	ency		,	Weeks s	supply	,		Prescrip	tion vali	d for:	
Immun	omod	ulatory	therapy (e	e.g. neurolo	ogy, rhe	euma	atology,	derm	atolog	У		T		
Dosage	regim	ien	1	grams / kg	over		days	Т	otal do	se requi	red		gram	S
Prescri	bed by	/ :												
Print name:		Grade:					Phone No/ Bleep:		No/					
Signatu	ıre									Date				
Pharma	acist s	creen:												
Print na				rade:					Phone No/ Bleep:					
Signatu	ıre			l		1				Date				

Please select patient diagnosis on the following pages, and any reason for an alternative dose regimen.

Then send completed form to pharmacy

Refer to NHS Scotland Clinical Guidelines for Immunoglobulin Use for full dosing information and further information www.nppeag.scot.nhs.uk

Dose calculator can be found at https://ivig.transfusionontario.org/dose/

PATIENT DETAILS		
Print name:	CHI number:	
Hospital /Ward		

Red Indications	Short term <3 month	Long term	Usual starting dose*	Alternative regimen + reason
Acquired red cell aplasia			1-1.2g/kg in divided doses	
Alloimmune thrombocytopenia (foetal-maternal/neonatal) including GALD			Maternal: 0.5-1g/kg weekly Neonatal: 0.4g-1g/kg single dose, can be repeated daily for up to 3 doses	
Autoimmune haemolytic anaemia (including Evan's syndrome)			1-2g/kg in 2-5 divided doses. May be repeated	
Chronic inflammatory demyelinating Polyradiculoneuropathy			2g/kg over 2-5 days, often repeated after 4-8 weeks then 1g/kg	
Coagulation factor inhibitors (alloantibodies and autoantibodies)			0.4g/kg for 5 days or 1g/kg for 2 days	
Guillain-Barré syndrome (includes Bickerstaff's brain stem encephalitis and other GBS variants)			2g/kg over 5 days, may be repeated after 14 days	
Haemolytic disease of the newborn			0.5g/kg over 4 hours	
Haemophagocytic syndrome			2g/kg in 2-5 divided doses. May be repeated on relapse	
HSCT in primary immunodeficiencies			0.4-0.6g/kg/month	
Immune thrombocytopenic purpura (acute and persistent, excluding chronic)			1g/kg as single dose, may be repeated after 24-48 hours	
Kawasaki disease			2g/kg single dose over 10-12 hours, may be repeated	
Myasthenia gravis (including Lambert-Eaton myasthenic syndrome)			1g/kg unless life threatening with respiratory/bulbar involvement	
PIMS-TS			2g/kg single dose over 10-12 hours, may be repeated	
Post-transfusion purpura			2g/kg over 2 days	
Prevention of delayed haemolytic transfusion reaction			1-2g/kg over 2 – 5 days	
Primary immunodeficiency involving antibody deficiency			0.4-0.6g/kg/month	
Specific antibody deficiency			0.4-0.6g/kg/month for 6-12 months	
Syndrome of thrombosis and thrombocytopenia, possibly occurring after coronavirus vaccination			1g/kg (divided over two days if necessary)	
Thymoma with immunodeficiency			0.4-0.6g/kg/month	
Toxic epidermal necrolysis, Stevens Johnson syndrome			2g/kg as a single dose or divided over 3 consecutive days	
Blue Indication	Short term	Long term	Usual starting dose*	Alternative regimen + reason
Acquired von Willebrand disease			0.4g/kg for five days / 1g/kg for two days Delete as applicable	
Autoimmune congenital heart block			0.4g/kg every 3 weeks for 5 treatments from weeks 12-24 gestation	
Autoimmune uveitis			1.5g/kg/month for 3 months	
B Cell aplasia			0.4 – 0.6 g/kg/month	
Fetal hydrops			1 – 1.2g/kg in divided doses	
Immunobullous diseases			2g/kg over 2-5 days	
Necrotising (PVL-associated) staphylococcal sepsis			2g/kg as a single dose	
Secondary antibody deficiency (any cause)			0.4-0.6g/kg/month	
Severe or recurrent Clostridium difficile colitis			0.4g/kg as single dose which can be repeated	
Staphylococcal or streptococcal toxic shock syndrome			2g/kg as a single dose	
Transplantation (solid organ)				

Print name:				.HI NU	mper:			
Hospital /Ward						L		
Grey Indications (ac	dditional documentation required) Cor	nfirm ap	proved		IPTR or alternate	Health Board process in place	e locally	
			Presumed immune-mediated disorders with little or					
		1	evidence of efficacy Acquired red cell aplasia NOT due to parovirus B19					
steroids have failed)			Acquired red cell apiasia NOT due to parovirus B19					
•	, ,		Acute i	idiopa	thic dysautonom	nia		
Cerebral infarction	with antiphospholipid antibodies		Aplasti	ic anae	emia/pancytope	nia		
Autoimmune encephalitis (including NMDA and VGKC antibodies, among others) Cerebral infarction with antiphospholipid antibodies Chronic ITP CNS Vasculitis Complex regional pain syndrome Inflammatory myopathies (including dermatomyositis) Intractable childhood epilepsy Multifocal motor neuropathy Neuromyotonia Opsiclonus myoclonus Paraprotein-associated demyelinating neuropathy (IgM, IgG or IgA) Post-exposure prophylaxis for vial or pathogenic infection if intramuscular injection is contraindicated or treatment when hyper-immune immunoglobulins are unavailable Pyoderma gangrenosum			Atopic	derma	atitis/eczema			
CNS Vasculitis			Autoimmune neutropenia					
Complex regional pa	ain syndrome		Chronic facial pain					
Inflammatory myopathies (including dermatomyositis)			Diabetic proximal neuropathy					
Intractable childhood epilepsy			Haemolytic uraemic syndrome					
Multifocal motor neuropathy			PANDAS					
Neuromyotonia			Paraneoplastic disorders that are not known to be B- or T-cell mediated					
Opsiclonus myoclor	nus		POEMS					
· · · · · · · · · · · · · · · · · · ·	ited demyelinating neuropathy (IgM,		SLE without secondary immunocytopenia (including juvenile)					
if intramuscular inje	ection is contraindicated or treatment							
Pyoderma gangreno	osum							
Rasmussen syndron	ne							
Stiff person syndrome								
Systemic juvenile idiopathic arthritis								
Systemic vasculitide								
Urticaria (severe, intractable)								
Other (free text)			Other	(free t	ext)		•	
	1				1			

PATIENT DETAILS											
Print name:				CHI nu	CHI number:						
Hospital /	Ward			<u> </u>	L						
Date of treatment	Dose (grams)	Ordered by, title & date	Product supplied (brand name)	Strength and quantity supplied	Batch number & expiry date		Dispensed by Checked by				