Immune Globulin Ordering Process

Quick Reference for all clinical areas- Overview/ background

1.	Prescriber to determine need for immune globulin based on Criteria for the Clinical Use of Immune Globulin Alternative therapies should be attempted before the use of immune globulin.
2.	Prescriber to consult Transfusion Medicine (TM) on-call physician for any clinical indication that is **not** designated as "green" indication in the guideline.
3.	Dose should not exceed ideal body weight (IBW) - IBW and dose calculator can be found on the Best Blood Manitoba website. The IBW does not apply to patients under 18 years of age.
4.	Clinical area to complete immune globulin Request for Release of Blood Components/Product #F160-INV-33 and attach most current prescriber document. Recent prescriber document should include, where appropriate, the following: 1. Diagnosis 2. Physician indication for immune globulin use 3. Alternatives tried 4. Current height & weight 5. Lowest effective dose of immune globulin required 6. Expected duration of therapy 7. Clinical response to therapy 8. Adverse events
5.	Fax Request for Release and prescriber document to the blood bank. For outpatients, requests should be sent at least 7 days in advance to allow for approval/follow up. For inpatients, the blood bank will process your request same day.
6.	If forms are incomplete or the prescriber document is not attached, the blood bank will return to clinical area for completion, which will result in delays.
7.	If immune globulin is approved, product will be issued by blood bank.
8.	If dose is inappropriate, the blood bank will issue adjusted dose using the IBW and dose calculator and attach a sticker that informs the clinical area of the change. Affix this sticker on the physician order sheet.
9.	Administer immune globulin according to the Intravenous Immune Globulin, Subcutaneous Immune Globulin monographs and in alignment with Manitoba Transfusion Best Practice Resource Manual
10.	Document the administered dose in the Medication Administration Record (MAR) and Cumulative Blood Product Record (CBPR).
11.	Report any adverse events using the Transfusion Reaction Investigation Form (CM105).

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