Recognition and management of ACUTE IVIg adverse events (during or <6 hours post infusion)

Precautions

Reactions and adverse events related to IVIg may be related to:
- ❑ Higher infusion rates (e.g., >3mL/kg/hr)
- ❑ Higher doses of IVIg (e.g., 2g/kg)
- ❑ Naïve to IVIg
- ❑ Changing IVIg products
- ❑ A long interval between infusions

Other considerations:
- ❑ Past history of adverse events
- ❑ IgA deficient patients

Recognise Symptoms

- ❑ Rigor, chills
- ❑ Headache
- ❑ Dyspnea
- ❑ Nausea / vomiting
- ❑ Distress, anxiety, irritability, unable to settle
- ❑ Pain (e.g.abdominal, chest, back, neck, face, extremity)
- ❑ Rash (e.g prutitis, urticaria, erythema)
- ❑ Dizziness
- ❑ Myalgia
- ❑ Tremors

Clinical signs

- ❑ Temperature ↑
- ❑ HR ↑ or ↓
- ❑ BP ↑ or ↓
- ❑ RR ↑
- ❑ O2 sats ↓

STOP the IVIg infusion, perform rapid clinical assessment and assess vital signs
SEVERE / POTENTIALLY LIFE-THREATENING = Airway and/or Breathing and/or Circulatory problems

YES = Severe / potentially life threatening

MET call, provide emergency care (O_2, Adrenaline)
Cease IVIg
Maintain IV access

Call Blood bank # 55829
and **order Transfusion Reaction Evaluation within EMR**

Discuss future IVIg options with Haematologist

Report serious adverse events via VHIMS

NO = mild to moderate reaction

Notify medical staff
Treat symptoms (e.g., Paracetamol, anti-emetic, antihistamine, IV fluids). Keep IVIg line attached to patient

Call Blood bank # 55829
and **order Transfusion Reaction Evaluation within EMR**

Clinical improvement?

No → Cease IVIg infusion
Discuss future IVIg options with Heamatologist

Yes → Cautiously restart at previously tolerated rate and monitor closely

Tolerated?

No → Cease IVIg infusion
Discuss future IVIg options with Heamatologist

Yes → Complete IVIg at tolerated rate.
Consider pre-hydration (0.9% saline bolus) and/or pre-medication (e.g., Paracetamol, antihistamine) for future IVIg infusions.
Consider capping next IVIg infusion at previously tolerated rate.
Cautious titration to higher rates.