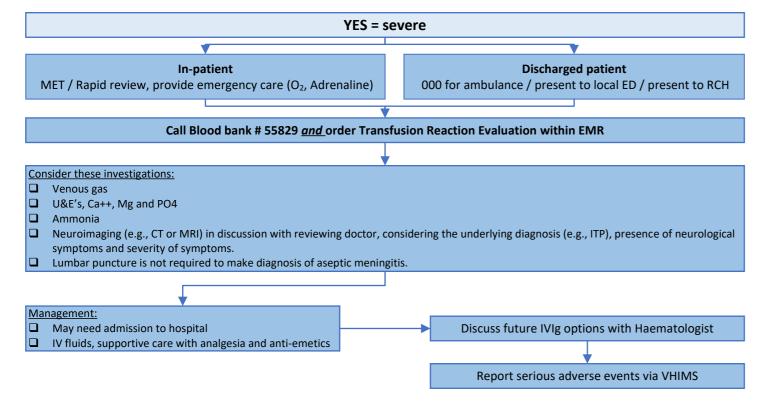
## Recognition and management of DELAYED IVIg adverse events (> 6 to 72 hours post infusion)

Precautions	Recognise Symptoms	Clinical signs
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 in Kawasaki disease)  Naïve to IVIg Changing IVIg products Long time between infusions Other considerations: Past history of adverse events IgA deficient patients	<ul> <li>□ Headache</li> <li>□ Rigor, chills</li> <li>□ Nausea / Vomiting</li> <li>□ Flu-like illness</li> <li>□ Pain (abdominal, chestback, neck, facial, extremity), muscle aches or arthralgias</li> <li>□ Distress, anxiety, irritability, unable to settle</li> <li>□ Rash (includes prutitis, urticaria, erythema, exfoliation)</li> <li>□ Haemolytic anaemia</li> </ul>	<ul> <li>□ Temperature ↑</li> <li>□ HR ↑ or ↓</li> <li>□ RR ↑</li> <li>□ BP ↑ or ↓</li> <li>□ O2 sats ↓</li> </ul>
SEVERE = Patient unable to continue with normal daily activities and needs treatment (e.g., unable to attend school due to headache) or an example listed below:  - Aseptic meningitis:  - headache, fever, altered mental status, nausea / vomiting, neck stiffness, photophobia  - specific CSF finding not required for diagnosis		

- Renal impairment



- increased frequency in those with history of migraines

Thromboembolic events (IVIg may lead to increase in blood viscosity)

- increased frequency with high dose IVIg

## Notify medical staff Treat symptoms (e.g., Paracetamol, IV fluids, anti-emetic, antihistamine). Call Blood bank # 55829 and order Transfusion Reaction Evaluation within EMR Consider pre-hydration (0.9% saline bolus) and/or pre-medication (e.g., Paracetamol, antihistamine) for future IVIg infusions. Consider capping future IVIg infusions at tolerated rate. Cautious titration to higher rates.

- Haemolytic anaemia (IVIg contains Anti-A & B & may cause haemolysis)