

Recognition and management of DELAYED IVIg adverse events (> 6 to 72 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 in Kawasaki disease)
 - Naïve to IVIg
 - Changing IVIg products
 - Long time between infusions
- Other considerations:
- Past history of adverse events
 - IgA deficient patients

Recognise Symptoms

- Headache
- Rigor, chills
- Nausea / Vomiting
- Flu-like illness
- Pain (abdominal, chestback, neck, facial, extremity), muscle aches or arthralgias
- Distress, anxiety, irritability, unable to settle
- Rash (includes pruritis, urticaria, erythema, exfoliation)
- Haemolytic anaemia

Clinical signs

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

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
- increased frequency in those with history of migraines
- increased frequency with high dose IVIg

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

- Renal impairment

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

YES = severe

In-patient

MET / Rapid review, provide emergency care (O₂, Adrenaline)

Discharged patient

000 for ambulance / present to local ED / present to RCH

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

Consider these investigations:

- Venous gas
- U&E's, Ca⁺⁺, Mg and PO₄
- Ammonia
- Neuroimaging (e.g., CT or MRI) in discussion with reviewing doctor, considering the underlying diagnosis (e.g., ITP), presence of neurological symptoms and severity of symptoms.
- Lumbar puncture is not required to make diagnosis of aseptic meningitis.

Management:

- May need admission to hospital
- IV fluids, supportive care with analgesia and anti-emetics

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, 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.