

Home Infusion of Subcutaneous Immune Globulin



Patient Handbook

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BC Provincial Blood Coordinating Office

A program of the Provincial Health Services Authority

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1 About SCIG

1.1 Description of SCIG

- A blood product used to treat adults and children who need antibody replacement therapy due to primary immune deficiency (PID).
- Primary immune deficiency is a condition in which a person's natural defence system, or immune system, does not function properly and is unable to produce antibodies, leaving them more vulnerable to infections.
- SCIG replaces these antibodies, making people with PID less likely to develop an infection.
- It is a sterile liquid that is injected under the skin into the subcutaneous (fatty) tissue.

1.2 When you should not use SCIG

- If you have a history of severe allergic reactions to immunoglobulin treatment.
- If you have a selective IgA deficiency.
- Check with your doctor if you have a platelet disorder or other bleeding tendency.
- The safety and effectiveness of SCIG has not been studied in patients less than two years old.
- Clinical studies with pregnant women have not been conducted. If you are pregnant or think you may be pregnant or if you are nursing, discuss with your doctor whether SCIG is necessary.

1.3 Potential adverse reactions

- If this is the first time you are receiving immune globulin therapy, or if you are switching from another brand of immune globulin (such as IVIG), or if you have not received immune globulin therapy for at least eight weeks, you may be at risk for developing reactions including fever, chills, nausea and vomiting. On rare occasions these reactions may lead to shock. You should be monitored by a nurse or doctor the first few times you receive SCIG.
- Reactions at the infusion site, including redness, swelling and itching, are common. These usually disappear within four days and become less frequent as your body gets used to receiving SCIG.
- Other common side effects include headache, fever, rash and nausea.
- More rarely, immune globulin products have been reported to be associated with the following events:
 - allergic reactions including a the possibility of anaphylactic shock
 - aseptic meningitis syndrome
 - thrombo-embolism
 - renal impairment or kidney dysfunction

- hemolysis/hemolytic anemia
- transfusion related acute lung injury.
- Although considered one of the safer blood products with a low risk of spreading disease, SCIG – like other immune globulin replacement therapies – is made from human plasma and may contain infectious agents such as hepatitis viruses, the human immunodeficiency virus (HIV) and – theoretically -- the variant Creutzfeldt-Jakob Disease (vCJD, or “mad cow disease”) agent.
- SCIG can interfere with some vaccines, such as measles, mumps and rubella (MMR). Let your doctor know you are receiving SCIG so appropriate precautions can be taken.

1.4 Educational resources

- Brochure: Subcutaneous Immune Globulin (SCIG) Home Infusion: Information for Patients and Caregivers
- Immune Deficiency Foundation (IDF) Website: <http://www.primaryimmune.org>

2 Preparing for the Infusion

2.1 Vial removal and inspection

1. Remove the required number of SCIG vials from the refrigerator 30-60 minutes before infusion to allow the SCIG to reach room temperature (20° to 25° C, 68° to 77° F). Take the vials out of the package so they can warm naturally. Do not put them in the microwave or warm water.
2. Look carefully at the vials to make sure:
 - there are no cracks or other damage
 - the protective cap is intact
 - the liquid is clear and slightly yellow with no particles (gently rotate the vial – do not shake).

If the vial or protective cap is damaged, or if the liquid is cloudy or contains particles, do not use. This is considered a manufacturer's defect and should be reported as wasted product on the infusion log. Return the vial to a hospital transfusion service (if the vial is leaking, do not return it; instead, dispose of it in a sharps container).

Manufacturer's defects are very rare. If you have doubt about the safety of a vial, phone the hospital transfusion service to ask what to do.

3. Check the product expiry date. SCIG is very expensive. To prevent product waste, the vial(s) with the earliest expiry date should be used first. If the vial has expired, do not use. Report as expired product on the infusion log and discard the vial in a sharps container.

2.2 Handwashing

Thoroughly wash and dry hands as follows:

- Remove jewelry
- Stand with clothing clear of sink
- Wet hands with warm running water
- Distribute soap thoroughly over hands (disinfectant soap not recommended)
- Massage entire hands and lower wrists vigorously for 15-20 seconds (sing "Happy Birthday" twice)
- Remember to scrub around the fingertips and nails and between the fingers
- Rinse under running water
- Dry, preferably with a disposable paper towel

Six stage handwashing technique



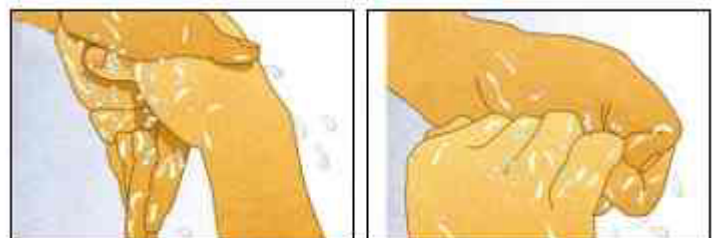
1. Palm to palm

2. Backs of hands



3. Interdigital spaces

4. Fingertips



5. Thumbs and wrists

6. Nails

- Use paper towel to turn off the tap

2.3 Equipment assembly

Assemble the following equipment on a clean, dry, flat surface:

Equipment	Comment
SCIG vial(s)	Check expiry date and visually inspect to ensure no vial damage, cloudiness or particles
Subcutaneous (sub-q) infusion set	<p>Subcutaneous needle(s) with micro-bore tubing (either multiple lead for multiple infusion sites or single lead for single infusion site).</p> <ul style="list-style-type: none"> • Diameter: Suggest using 23-25 gauge needles. • Length: Suggest using 6 mm long needles for children and thin adults and 9 -12 mm long needles for average weight adults. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Choosing the right needle length is important to ensure the product is injected into the subcutaneous tissue and not the muscle (which can happen if the needle is too long) or into the skin (which can happen if the needle is too short).</p> </div>
Infusion pump, if using	For controlling administration of the SCIG
Transparent dressing	For anchoring tubing and needles to infusion sites (included in the tubing packaging)
Alcohol swabs	For vial stopper cleansing and skin cleansing
Chlorhexidine swab (if sensitive to alcohol swab)	For skin cleansing
Syringes	Selection of syringe size will depend on the volume of SCIG to be injected and the ease of manipulation of the syringe. Syringes greater than 20 mL become increasingly difficult to manipulate.
BD Blunt fill needle 18 gauge X 1.5"	For drawing up the SCIG
Sterile 2" X 2" gauze	For applying pressure on infusion site after removal of subcutaneous needle
Hypo-allergenic adhesive tape	To secure sterile 2X2 gauze
Sharps disposal container	To discard all needles and connected tubing, vials and syringes
Infusion log	To document infusion and any adverse reactions
Epinephrine auto-injector (Epi-Pen®), if recommended	Used as treatment for anaphylactic reaction

2.4 Keeping out germs

- Germs that can cause infections are everywhere. Skin provides a barrier against these germs. When SCIG is administered, the needle breaks the skin barrier. Be careful not to accidentally contaminate or touch something that must remain sterile (without germs) with something that may have germs on it.
- Do not use equipment that has fallen on the floor.
- Check that the packaging of sterile equipment is intact prior to use.
- If a SCIG vial becomes contaminated during the infusion process, such that the contents cannot be infused, report it as wasted on the infusion log and discard the vial in the sharps container.

2.5 Filling syringes

1. Remove the protective cap from the vial(s) to expose the central portion of the rubber stopper.
2. Clean the vial stopper with an alcohol wipe. Let the stopper dry. Do not shake the vial.
3. Attach a blunt needle to the syringe tip, taking care not to touch any surface that must remain sterile. If a sterile surface is accidentally contaminated, discard the contaminated equipment and start over with new equipment.
4. Pull back on the syringe plunger, being careful not to touch the barrel of the plunger. Keep the cap on the needle at this time.
5. Fill the syringe with a volume of air that is equal to the volume of SCIG that will be drawn into the syringe. For example, for 10 mL of SCIG draw up 10 mL of air.
6. Place the vial on a flat surface.
7. Remove the cap from the needle. Set the cap carefully aside to avoid contamination with germs (cap will be used to recap needle).
8. Insert the blunt needle into the SCIG vial as follows:
 - Keep the vial on a flat surface and hold it in place with your non-dominant hand (for example, if you are right-handed, your left hand is your non-dominant hand).
 - Insert the blunt needle into the centre of the vial stopper with your dominant hand, keeping the syringe and needle at a straight up-and-down (90°) angle to the vial.
 - Push air from the syringe into the vial.

Keep the tip of the needle above the fluid level to avoid bubbling

9. Leaving the needle inserted in the vial, turn the vial upside down.
10. Keeping the tip of the needle covered by the SCIG, draw up the entire contents of the vial into the syringe by pulling back on the plunger.
11. Remove the filled syringe from the vial.

12. Carefully recap the needle to prevent contamination.
13. Repeat these steps if multiple vials are used or if multiple syringes should be filled.

2.6 Priming the infusion set

1. Remove the subcutaneous (sub-q) infusion set from the package.

Do not remove the cap of the sub-q needle attached to the tubing.

2. If using a multiple-lead infusion set, close the clamps on all but one tube.
3. Remove the protective cover from the syringe end of the sub-q infusion set. Do not touch this end.
4. Hold the filled syringe so that the blunt needle is pointing up.
5. Gently pull back on the plunger until the blunt needle has no SCIG in it.
6. Gently tap the filled syringe to bring all air bubbles to the top.
7. Remove the needle from filled syringe by grasping the needle cap and twisting it in a counter-clockwise direction. Do not touch the tip of the syringe. Discard the needle in a sharps disposal container.
8. Attach the syringe tip to the syringe end of the sub-q infusion set.
9. Tighten the connection by rotating the syringe clockwise.
10. Gently push down on the plunger until the tubing is filled with SCIG. Try to avoid any SCIG leaving the needle end of the tubing.
11. Close the clamp on the primed tubing.
12. Open the clamp on the next tubing and fill this tubing according to the steps above.
13. Repeat the above steps until all leads of the multi-lead tubing are primed.

If using an infusion pump, follow manufacturer's instructions for filling the infusion pump reservoir and priming the tubing.

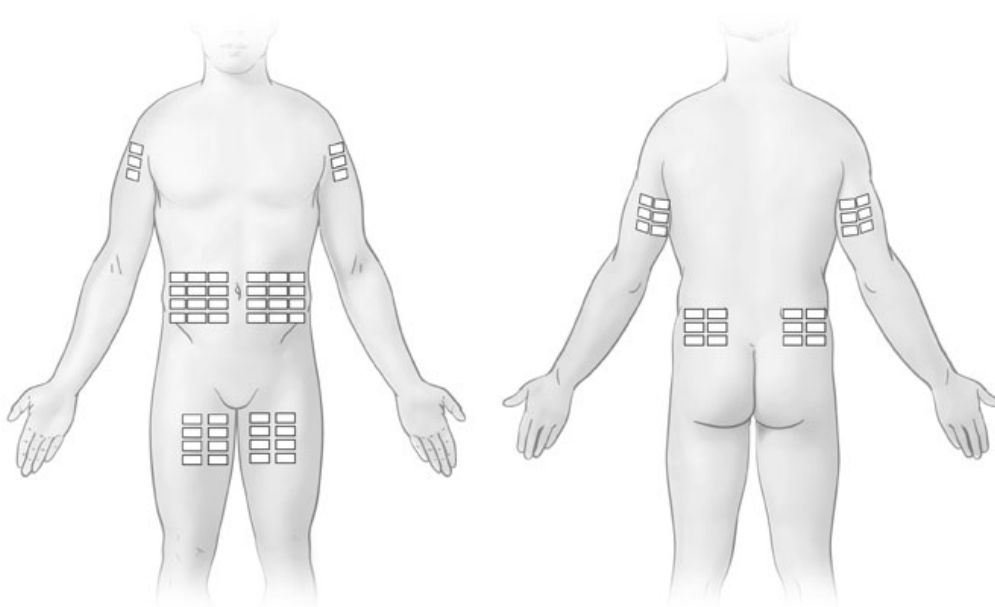
2.7 Educational resources

- WorkSafeBC handwashing slideshow: <http://www2.worksafebc.com/media/fss/handWashing/slideshow.htm>
- Epinephrine Pen- How to use an EpiPen® Website: <http://www.epipen.com/page/how-to-use-epipen-auto-injector-index>

3 Infusing SCIG

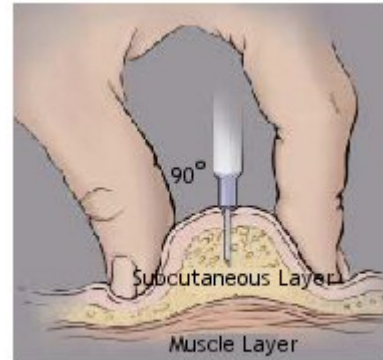
3.1 Select and prepare the infusion site(s)

1. Select the subcutaneous infusion site(s). Usually the lower abdomen is used, but the upper inner and upper outer thighs, the back of the upper arms and flanks and upper buttocks may be used as well (the red areas on the diagram below).
 - Select sites that are at least 5 cm (2 inches) from the umbilicus (“tummy button”)
 - Avoid all bony prominences, such as hips and ribs
 - Avoid the upper abdomen as the skin can be tighter than the lower abdomen
 - Avoid the waistline or area where your pant/skirt waistband normally sits, to prevent irritation from the waistband rubbing against the infusion site
 - Avoid any area that is scarred, bruised or has a large blood vessel under the skin
 - Rotate infusion sites with each infusion session. Reusing the same infusion sites on a weekly basis is acceptable provided the sites have recovered from the previous infusion. If you are going to reuse a site, make sure it is free of redness, swelling, tenderness, bruising and/or unusually firm or hard tissue. Reusing the same site for infusion sessions may reduce site reactions.
 - No site should be used more than once per week.
 - If using multiple sites, make sure they are at least 5 cm (2 inches) apart.
2. Clean the site vigorously with an alcohol swab (use chlorhexidine swab if skin is sensitive to alcohol). Use a circular motion, starting from the centre of the site and working outward. Let the site dry completely before proceeding to the next step.



3.2 Insert needle

1. Remove the clip or tape holding the wings of needle.
2. Grasp the wings in an upright position with your dominant hand (if you are right-handed your right hand is your dominant hand).
3. Remove and discard the needle cap. Do not touch the needle.
4. If there is a drip of SCIG on the end of the needle, gently wipe the end of the needle with sterile 2X2 gauze prior to the infusion. This reduces the chance of skin reactions to the SCIG.
5. Using the thumb and index finger of your non-dominant hand, grasp the skin around the infusion site.
6. Insert the needle straight down (90° angle to skin) into subcutaneous (fatty) tissue using a darting motion.
7. Allow the wings to lay flat against the skin and check to see if the needle is level with the skin, then release the skin slowly, keeping one finger on the wings to prevent the needle from accidentally coming out.
8. Repeat for each sub-q needle being used.



A subcutaneous injection into the fatty layer of tissue under the skin.

3.3 Assess placement and secure needle

After each needle is inserted into the subcutaneous tissue, you must test to make sure that a blood vessel has not been accidentally entered.

1. Make sure all clamps are open on the tubing.
2. Gently pull back on the syringe plunger and look to see if any blood is flowing back into the tubing. If no blood flows back into tubing, you are in the proper location (fatty subcutaneous tissue).
3. If blood returns you are in a blood vessel.
 - Never inject SCIG into a blood vessel.
 - If using multiple-lead tubing, close the clamp of the site that is showing blood return and use only the remaining sites.
 - If using single-lead tubing, remove the needle from the site and discard. Prime a new infusion set and re-insert.
4. Secure the needle by applying sterile gauze or transparent dressing over the site and tape in place.
5. If using an infusion pump, secure the administration tubing to the infusion pump according to the manufacturer's instructions.

3.4 Start infusion

Slowly begin to infuse SCIG. If using an infusion pump, set the rate of infusion and turn on the pump.

- The suggested initial volume is 5-10 mL per infusion site.
- For the first week, the rate should be no greater than 10 mL per site per hour.
- If tolerated, the rate can be gradually increased to a maximum of 20 mL per site per hour.
- The maximum volume per site is 15 mL.

3.5 Discontinuing infusion

1. Once the infusion is complete, turn off the infusion pump if using. Wait 30 seconds before removing the needle.
2. Remove the transparent dressing or tape holding the needle in place.
3. Grasp the wings of the sub-q needle and pull straight out.
4. Place 2X2 gauze over infusion site. Hold gauze over site for a few seconds. A few drops of fluid may appear at the site – this is normal.
5. Apply another 2X2 gauze over the infusion site and tape in place.
6. Keep the site clean and dry for at least one hour.
7. Activate the subcutaneous needle guard (see manufacturer's instructions).
8. Discard all used supplies in a sharps container.
9. Put unused supplies in a safe place.
10. If using an infusion pump, follow the manufacturer's instructions regarding care of the pump after each use.
11. Review the equipment list to ensure you have enough supplies for your next infusion.

4 Safe Waste Disposal

4.1 What is a sharps container?

- Must be made of puncture-resistant, hard material that is not glass or thin plastic
- Must have screw cap or tightly secured lid
- Must be wide-mouthed and leak-proof
- Must be clearly labeled “HAZARDOUS MATERIALS”

4.2 What goes in a sharps container

- Needles and connected tubing
- Vials
- Syringes

DO NOT place needles, syringes or vials in the garbage or recycle bins. Keep the sharps container nearby when handling needles.

4.3 Sharps container safety check

- Do not fill above the “fill line” or above $\frac{3}{4}$ the size of the container.
- Do not puncture the container
- Ensure the container is not leaking
- Do not store the container near food
- Store the container out of reach of children

4.4 How to dispose of a full container

- Ensure the lid is closed tightly
- DO NOT dispose of a sharps container in regular garbage or recycling
- A drugstore or pharmacy may take the container
- Hospitals or public health units may take the container if properly labeled and sealed. Check with the hospital transfusion service to see if full containers can be dropped off when you are picking up SCIG.

5 Managing Adverse Reactions

5.1 Before you infuse

1. The SCIG Home Infusion Program staff will work with you to develop a plan for who, how and under what circumstances you will contact someone in the event you experience an adverse reaction.
2. Make sure you have the name and phone number of the home infusion program nurse, the times the nurse is available, and instructions about what to do if you need help after hours.
3. You should have a non-drowsy antihistamine and an analgesic (pain medication) on hand at home prior to starting an infusion. Options are listed in the table below.

Non-drowsy Antihistamines	Analgesics (pain medication)
ceterizine (Reactine®)	acetaminophen (Tylenol®)
loratidine (Claritin®)	ibuprofen (Advil®, Motrin®)
desloratidine (Aerius®)	
fexofenadine (Allegra®)	

5.2 Managing infusion site reactions

1. Infusion site reactions are common. They can happen during or after the infusion. Reactions should diminish over 24-48 hours as the SCIG is absorbed, although they may take up to 4 days to completely resolve.
 - Puffiness or swelling where the SCIG is infused can be expected
 - Redness or blanching and itching may also be expected.
2. Do not rub or scratch the site. Apply gentle massage and warm/cool compresses to reduce discomfort. See the management options on the following table.
3. Report unusual site reactions, such as extreme pain or discomfort, blistering or spreading redness to the home infusion program nurse.
4. Record site reactions in the infusion log.

Managing SCIG Infusion Site Reactions*

Site Issue	Possible Cause	Management Options
Redness	Histamine release, which is a normal response when a protein (IgG) is introduced into subcutaneous tissue Potentially an allergy or sensitivity to tape	<ul style="list-style-type: none"> • If it does not cause discomfort, do nothing • Cold compresses for short periods (10-15 minutes) may help with discomfort (do not place directly on skin) • Slow the infusion rate if uncomfortable • If redness does not diminish or worsens, contact physician immediately • Try using an over the counter non-drowsy antihistamine
Swelling	Due to the volume being delivered to the subcutaneous tissue. Size of swelling should be consistent with the volume being infused	<ul style="list-style-type: none"> • If it does not cause discomfort, do nothing • Warm compresses for short periods may help with absorption (do not place directly on the skin) • Cold compresses for short periods may help with discomfort but delay absorption (do not place directly on skin) • Take a walk to help with absorption and provide a distraction • Gentle massage after the infusion • Assess needle length, may be too short
Itching	Histamine release, which is a normal response when a protein (IgG) is introduced into the subcutaneous tissue	<ul style="list-style-type: none"> • Do not scratch or rub • Try using an over the counter non-drowsy antihistamine • Assess needle length: may be too short • Consider tape allergy/sensitivity
Rash		<ul style="list-style-type: none"> • If rash is generalized (covers body), STOP the infusion and seek medical advice to see if infusion can continue. • Check with physician regarding using an over the counter non-drowsy antihistamine • Consider tape allergy/sensitivity
Leaking at site	Too short a needle or too much volume per site	<ul style="list-style-type: none"> • Assess needle: Is it flat and securely taped to skin? • Assess placement: Is needle in an area that moves too much? • Assess needle length: Is it too short? • If single-lead infusion set, remove and start again • If multi-lead set, clamp off specific tubing and reduce the infusion rate

Managing SCIG Infusion Site Reactions*

Site Issue	Possible Cause	Management Options
Discomfort / burning	Assess needle length, may be too long causing irritation to the abdominal wall	<ul style="list-style-type: none"> • If multi-lead set, clamp off tubing to site for short periods of time • Warm/cold compresses for short periods may help (do not apply directly to skin) • Gentle massage • Slow infusion rate • Take a walk to provide a distraction • Check tape placement for pulling on skin or body hair
Blanching (whiteness)	Normal constriction of the tissue as the IgG volume increases in the site	<ul style="list-style-type: none"> • Do nothing, usually goes away as IgG is absorbed • Warm compresses for short periods (do not place directly on skin)
Hard fat nodule under the skin		<ul style="list-style-type: none"> • Keep infusions at least 5 cm (2 inches) away from area until resolved • Warm compresses for short periods (do not place directly on skin) • Gentle massage • Make sure infusion sites are being properly rotated

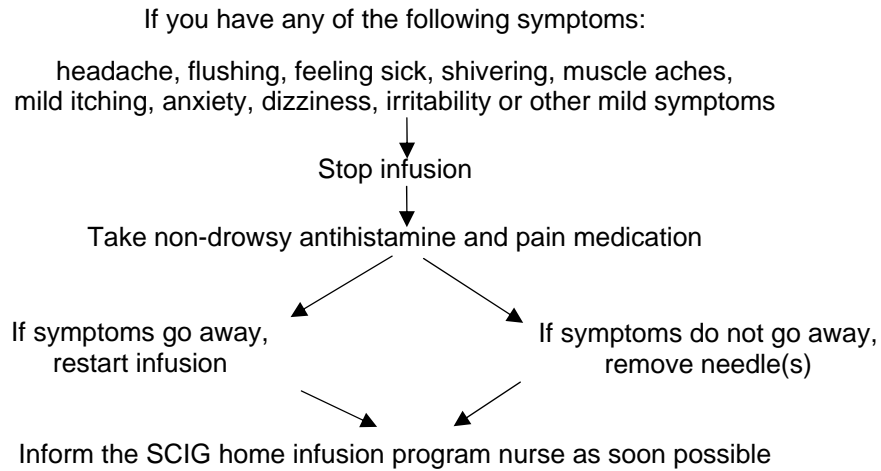
* Reusing the same infusion sites on a weekly basis may reduce site reactions. If a site is going to be reused, make sure it is free of redness, swelling, tenderness, bruising and/or unusually firm or hard tissue. No site should be used more than once per week.

5.3 Managing other adverse reactions to SCIG

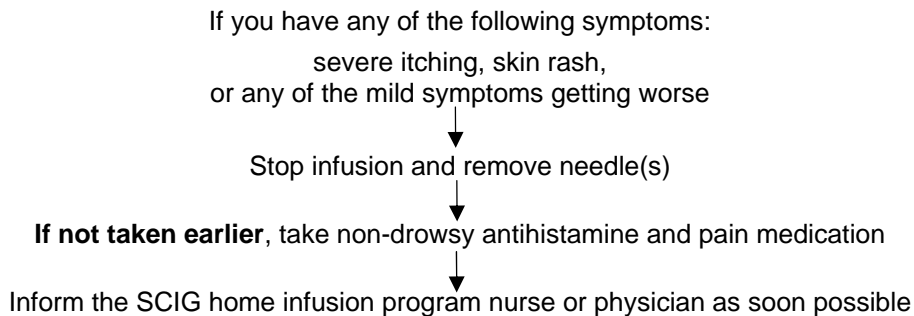
1. Other than local site reactions, adverse reactions to SCIG are rare.
2. See the following table for symptoms and management of potential adverse reactions.
3. If you have an adverse reaction, inform the SCIG home infusion program nurse or physician as soon as possible. Depending on the nature and severity of the reaction, it may be advisable for the subsequent infusion to take place under the supervision of a health care professional.

Managing Adverse Reactions to SCIG

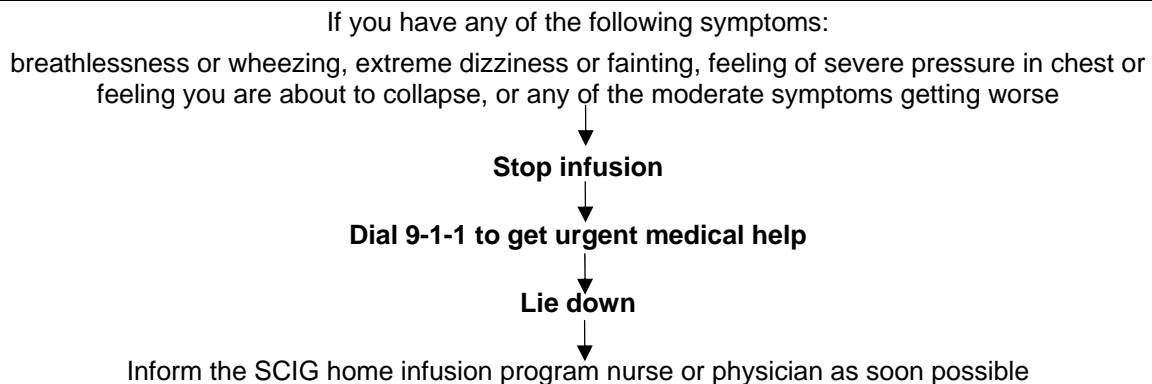
Mild Reaction



Moderate Reaction



Severe Reaction



6 Documenting the Infusion

1. Record the details of each infusion session on the SCIG Home Infusion Log.
2. Return completed infusion logs to the hospital Transfusion Service each time you pick up SCIG. Submission of completed infusion logs is a requirement of remaining eligible for SCIG home infusion.

7 Obtaining and Storing SCIG and Supplies

1. The SCIG home infusion program nurse will send the SCIG Product Requisition to your local hospital Transfusion Service, letting them know the number of vials you need, based on your infusion schedule.
2. You will be provided with an initial maximum supply of one month of SCIG. Once you have completed your training and had your follow-up appointment, you will be issued a maximum of 3 months' supply at one time.
3. To pick up SCIG for home infusion you must provide identification at the Transfusion Service that provides your name and date of birth. Designates (including caregivers) picking up on behalf of the patient must provide their own identification and the patient's identification or a letter of authorization from the patient, stating the designated person's name and date of birth as well as the patient's name, date of birth and personal health number (PHN). A form (Letter of Authorization for Product Pick-up) is available for this purpose.
4. SCIG should be stored in the refrigerator at 2 - 8°C (36 - 46°F) and should be protected from extreme temperatures (above 25°C / 77°F or below 2°C / 36°F). SCIG should be stored in a consistent place in the refrigerator, avoiding spots that are too cold. You should purchase a fridge thermometer, put it on the shelf where the SCIG is stored, and check it regularly to ensure the temperature remains in the 2 - 8°C range. If the temperature goes out of range or if it is not possible to store SCIG in the refrigerator, contact the SCIG clinic or local transfusion service for instructions.
5. The SCIG vials should remain in the refrigerator until 30-60 minutes prior to your infusion. If a vial is out of the refrigerator for longer than 30 minutes and you are not able to proceed with the infusion, do not return the vial to the refrigerator. Store it at room temperature and change the expiry date to indicate 5 months from the date the vial was removed from the refrigerator (keep the existing expiry date if it comes sooner).
6. If it is not possible to store SCIG in the refrigerator, SCIG may be stored at room temperature (not to exceed 25°C / 77°F) for up to 5 months as previously stated. Since generally no more than 3 months supply will be issued this should not be an issue.
7. When picking up the SCIG, you must provide an insulated container large enough to transport the vials. Take the SCIG home immediately after picking it up and place in the refrigerator.
8. The SCIG home infusion program nurse will let you know where you can obtain the other required infusion supplies.

9. You should contact the SCIG home infusion program nurse to order more SCIG when you have a two week supply remaining. You should order other supplies when you have one month remaining. During holiday periods, you may wish to order SCIG further ahead, and order a larger stock of supplies.

8 Travelling with SCIG

When planning a trip:

1. Get a travel letter from the SCIG home infusion program with:
 - Your name and diagnosis
 - Brand name of the SCIG
 - Dosage
 - The reason you are carrying ice packs, syringes and needles
 - SCIG home infusion program contact information
2. List and organize necessary supplies. Always carry an extra week's supply in case of unexpected delays. As there is a 3 month limit on the amount of SCIG a patient can be issued in BC, if you are going to be outside the province for longer than 3 months in a row you should check with the home infusion program to see if they can help you obtain additional SCIG in the province you will be visiting. If you are travelling outside Canada for longer than 3 months, you will have to arrange to acquire additional SCIG outside the country. Bring pain medication and a non-drowsy antihistamine in case of adverse reactions.
3. Pack the SCIG appropriately:
 - Use a collapsible cooler
 - Keep the product in its original box
 - Consider the use of an ice pack to keep the SCIG cool during transport. If using an ice pack ensure SCIG is not in direct contact with the ice, to avoid possible freezing:
 - put cardboard between the SCIG and the ice pack(s)
 - put SCIG in zippered plastic storage bags to keep it dry.
4. Keep SCIG in carry-on luggage.
5. Check and confirm before travel:
 - Restrictions on traveling with liquids at points of departure.
 - Customs requirements
 - Airline requirements
 - Availability of a fridge at destination.
 - It is a good idea to travel with a fridge thermometer to monitor the temperature of the fridge.

9 Troubleshooting

Problem	Action
Leaking at site	<ul style="list-style-type: none"> • Assess needle: Is it flat and securely taped to skin? • Assess placement: Is needle in an area that moves too much? • Assess needle length: Is it too short? Discuss needle length alternatives with home infusion program nurse. • If single-lead infusion set, remove and start over. • If multi-lead infusion set, clamp off affected tubing and slow infusion rate.
Needle or other sterile equipment contaminated by touching, dropping, etc.	<ul style="list-style-type: none"> • Discard contaminated equipment in sharps container and use new infusion set
Someone is injured by needle	<ul style="list-style-type: none"> • Squeeze the area to make sure it bleeds • Wash the area with soap and water • Call the SCIG home infusion program or take the injured person to the nearest clinic or emergency room for assessment
Extreme discomfort with needle	<ul style="list-style-type: none"> • Assess length: Is it too long and irritating the abdominal wall? Discuss needle length alternatives with educator. • May need to apply numbing anesthetic cream to site prior to insertion • If multi-lead set, clamp off tubing to site for short periods of time • Warm/cold compresses for short periods may help (do not apply directly to skin) • Gentle massage • Slow infusion rate • Take a walk to provide a distraction • Check tape placement for pulling on skin or body hair
Blood in tubing	<ul style="list-style-type: none"> • Do not infuse! • If single-lead set, remove needle and discard infusion set. Prime and use new set • If multi-lead set, clamp off the tubing that shows the blood. <ul style="list-style-type: none"> ○ Remove needle from site. Infuse the SCIG into the remaining appropriately located sites, thus increasing volume per site. A slower rate of infusion may be required ○ Infuse the originally planned volume per site through the sites that are in place ○ When finished, repeat the infusion session with new site to accommodate the remaining volume from the site that had blood return.

10 SCIG Home Infusion Program Contact Information

Doctor _____ Phone number _____

Nurse _____ Phone number _____

After hours _____ Phone number _____

Contact Information for Ordering SCIG and Supplies

SCIG Ordering (order when you have 2 weeks of SCIG remaining):

Contact _____ Phone number _____

Supply Ordering (order when you have 1 month of supplies remaining – see equipment list):

Contact _____ Phone number _____