Nursing Policy and Procedure for Subcutaneous Immune Globulin Home Infusion

Policy statement:

* A physician order and Blood consent is required to administer Subcutaneous Immune Globulin (SCIg) to a patient.
* The patient or his delegate is taught how to safely administer Immune Globulin subcutaneously (SCIg) in the home
* If admitted the patient or his delegate can infuse immune globulin on their own or with assistance from the Nurse.
* Patient or delegate is re-evaluated on a regular basis after 1 month/ 3 months than 6 months for continued proficiency and safety of home infusion of blood product. Then periodically for continued safety in the home.

Definitions:

* Immune globulin is given to people who have a Primary Immune Deficiency( PID) or Secondary Immune deficiency (SID). It greatly reduces the risk of serious bacterial infections.
* For the majority of patients IVIg and SCIg are equally effective, however there are differences between therapies IVIg is given as a single large infusion every q3-4 wks and SCIg involves smaller doses more often 1-2 infusions a week.
* SCIg is self-administered by the patient or delegate either by push method or via a pump.

Nursing Alerts:

* The nursing role in SCIG is primarily that of educator and facilitator.
* Patient and caregivers will need to be taught the skills necessary to administer their infusions in a safe and aseptic manner.
* The nurse will demonstrate procedure, then allowing patient to practice the procedure and skill and finally observing a return demonstration by the patient or caregiver to demonstrate proficiency.
* After patient is independent, follow up support are critical in managing issues and problems related to injection of immune globulin.
* Patient or delegate is re-evaluated in 1 month/ 3 months than 6 months for proficiency and safety of injection technique.

Teaching topics include:

* Storage and safe handling of blood product
* Appropriate documentation of product infused and wasted on log sheets
* Traveling with medication
* Appropriate disposal
* Technique for drawing up, priming and injection of product
* Subcutaneous site selection
* Setting up pump
* Trouble shooting infusion problems
* Managing adverse events
* Importance of reporting adverse events

Equipment:

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| **PUSH and Pump supplies** | |
| Push | Pump |
| **10 cc syringe** | **Freedom 60 pump** |
| **20cc syringe** | **Rate Regulator** |
| **30 cc syringe** | **60 ml Syringe** |
| **18g x 1 ½”** | **18g needle** |
| **23g x ¾” Butterfly infusion set** | **EMED Bi, tri, quad furcated injection tubing** |
| **25g x ¾” Butterfly infusion set** | **Gauze, alcohol swabs** |
| **25g x ½” Butterfly  infusion set** |  |
| **Gauze, alcohol swabs** |  |

Procedure:

1. Wash hands before handling any supplies
2. Load syringe with Immune Globulin
3. Connect infusion set to the syringe and prime the tubing
4. Select the site of subcutaneous infusion at least 1” apart from the previous site.
5. Clean injection site with alcohol
6. Grasp subcutaneous tissue. Insert needle 60 to 90 degree and place drsg to secure in place.
7. Make sure you are not injecting in a blood vessel, pull back on plunger.
8. If using a pump, load as per instruction provided.
9. Once finished remove and dispose in appropriate waste container.

Patient is then monitored post dose for one hour and made aware of potential adverse events and appropriate actions needed to alleviate reactions. Patient is aware to report to SCIg program nurse if any issues or concerns arise in the home.

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