



fraserhealth

# PATIENT REFERRAL

## Subcutaneous Immune Globulin (SCIG) Home Infusion Program



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**PLEASE FAX FORM TO: 604-582-3742**

**WE WILL CONTACT PATIENT FOR APPOINTMENT**

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies:  NKA List: \_\_\_\_\_

### Medical History/ Risk Factors

Instruction for Referring Physician: Please fax applicable documents listed below:

- medical history letter(s)
- laboratory examination results
- current Informed Consent for Blood Transfusion

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Current IVIG dose: \_\_\_\_\_ g/ \_\_\_\_\_ weeks Use of previous SCIG product: \_\_\_\_\_

IgA level: \_\_\_\_\_ Date: \_\_\_\_\_ Platelet count: \_\_\_\_\_ Date: \_\_\_\_\_ Hct: \_\_\_\_\_ Date: \_\_\_\_\_

IgG level: Trough \_\_\_\_\_ Date: \_\_\_\_\_ Peak: \_\_\_\_\_ Date: \_\_\_\_\_

Subclasses (if available) \_\_\_\_\_ Response to immunization: \_\_\_\_\_

Medications: \_\_\_\_\_

Additional History:  See attachment

### Priority Level (select applicable)

1. No venous access, adverse reactions  3. Social: work, family, or school related, travel (vacation)

2. Inability to maintain IgG levels, difficulty traveling for infusions  4. Elective

### Referring Physician

Physician Name (print): \_\_\_\_\_ MSP #: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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### Enrollment Criteria

1. The patient must have a confirmed diagnosis of hypogammaglobulinemia (reduced total IgG or IgG subclasses and/or inadequate response to immunization) with recurrent bacterial infection.

Although any hypogammaglobulinemic patient who requires IgG replacement may be a candidate for subcutaneous home infusion, this method may be particularly appealing or useful for patients who:

- experience adverse events during or immediately after intravenous immune globulin (IVIG) infusion;
- have peripheral venous access problems;
- desire greater convenience and/or independence from hospital IV administration.

2. The patient or caregiver who will be infusing the patient must be capable of being trained to administer SCIG safely and accurately in the home setting.

When considering which patients will be good candidates, attention should be given to a patient's/caregiver's:

- ability to read and follow instructions;
- ability to learn;
- self-motivation;
- probable compliance;
- physical limitations (especially for manual dexterity).

3. The patient or caregiver must be trained to administer SCIG, as outlined below. This training must include a minimum of three sessions of supervised SCIG self-injections.
4. The patient (or guardian) must be made aware that SCIG is a blood product with associated risks, that infusion in the home is associated with additional risk, and must provide written informed consent to SCIG home infusion
5. The patient (or guardian) must agree in writing to complete and submit infusion logs.
6. The patient's home infusion setting must have a working telephone and should have access to rapidly available emergency assistance. A physician must be available by telephone for immediate consultations should urgent medical care be required.
7. For patients under age 19, and for all patients during their first month of SCIG therapy, a competent adult must be available in the home infusion setting to assist the patient for the entire period of the infusion and must remain available to the patient for at least 60 minutes thereafter. For patients aged 19 and older, the requirement for another competent adult to be in attendance during the procedure and for at least 60 minutes thereafter should be reviewed following the first month of SCIG home infusion. If, after the first month, the patient has experienced no serious adverse events, it may be sufficient to have another competent adult available via telephone. Program staff must emphasize the product risks and work with the patient/caregiver to develop a plan for whom, how and under what circumstances the patient/caregiver would contact another competent adult, the SCIG Clinic nurse, ordering physician, general practitioner, or emergency services based on an algorithm of escalating risk.
8. The patient's general practitioner, emergency department staff and/or community health nurse (in rural communities) must be informed both before and after the training period, so that they are aware there is a SCIG home infusion patient in their community and can ensure that appropriate services are readily available in the event the patient has a problem.

#### Contraindications:

1. SCIG is contraindicated in individuals with a history of anaphylactic or severe systemic response to immune globulin preparations, and in persons with selective immunoglobulin A (IgA) deficiency (serum Ig <0.05 g/L) who have known antibody against IgA.
2. Caution should be used in patients with platelet disorders or other bleeding tendencies.
3. The safety and efficacy of SCIG has not been studied in patients <2 years old.