

# SCIG



April 2024 Insightful In-Service





#### What is SCIG ?

Subcutaneous Immunoglobulin (SCIg) infusions are given by slowly injecting purified immunoglobulin into fatty tissue just under the skin.

Requires frequent administration (ranging from 1 – 3 times a week to once a month.)

Involves slow diffusion of IG from subcutaneous tissue.

Is associated with more consistent serum IG levels due to frequent administration. Is administered at multiple injection sites per patient preference, usually in the lower abdomen. However, outer edge of thigh or back of upper arm can be used.

Patients (or family) can be taught to infuse, so patient has more autonomy in their treatment therapy.

#### Common Brands of SCIG Cuvitue (Normal Immunoglobulin Subcutaneous [Human] 20%) Injection

<u>CUVITRU®</u>



#### <u>HYQVIA</u>



Normal Immunoglobulin (Human) 20% (20 g/100 mL) - Subcutaneous injection

HIZENTRA

Cutaquig® Immune Globulin Subcutaneous (Human)-hipp,16.5% solution

CUTAQUIG® Video



**XEMBIFY** 

## **Teach vs RN Infusion**

#### If Teach and Train.

- Visit 1 RN shows pt how to set up and complete infusion
- Visit 2 Pt shows RN how to set up and complete infusion with RN assistance.
- Visit 3 -Goal is pt independence by visit 3. Pt does all steps and RN observes.
  - Vitals for Teach and train at baseline and after infusion is complete.

#### If RN infusion.

- RN is to complete infusion start to finish each time.
- Vitals at baseline, Q 15 minutes X1 hour, then hourly and 10-15 minutes post infusion.

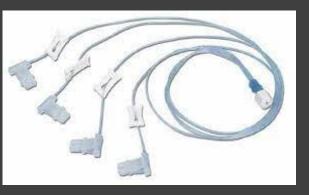
Remember to check orders each visit, while in the patient's home.

# SUPPLIES NEEDED FOR SCIG









Gloves
Subcutaneous needle set

Solution container (bag or syringe)

- Tegaderm(s)
- Pump tubing

Flow regulator (varies by pump)

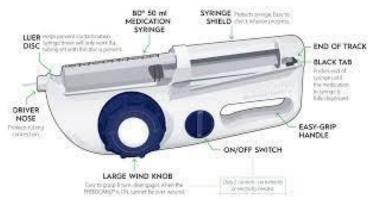
- Transfer device
  - Syringe(s)
- Alcohol Wipes
- Gauze, Tape
  - Pump
- Sharps container
- Infusion log (Possible)
- Other supplies as needed.

## **SCIG Pumps**

Rarely SCIG is given via Curlin pump

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#### Freedom 60



#### **EMED SCIg60 Infuser**

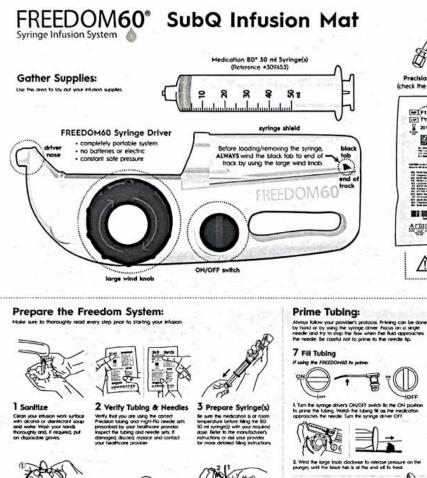




#### **Resources Page SCIG Pumps**

KORU Freedom Flow Rate Calculator (rmscalculator.com)

#### **SCIG Infusion Mat**



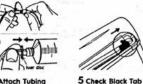
**6** Insert Syringe

With syringe gradations facing up, 1, load the syringe and its lubing into the syringe driver and 2, make sure the luer disc is fully sealed in the



A) Co

This SubQ Infusion Mat is a great toolsent by pharmacy to help pt with selfadministration.



4 Attoch Tubing

1. Remove sterile caps from end of tubing set and HigH-Ro needle set and connect using care not to contaminate ends. Make say the surince draw a OFF and that the black lab kiskle the clear simple sheld is of the end of its track. If the black tab is not of 2. Remove the sterile cap from the luer disc end of the Precision the end of its track, wind the large nob dockwse fulbing set and connect to syring

If printing by hand: Fush the syringe plunger and wolch the lubing fill as the medication approaches the needle. Release pressure from the plunger to stop the flow.

NOTE It is recommended to meet the needles dry to To best see the medication, we suggest priming the tubing against a solid-colored surface in a well-lit area. Black or n work best Use the area below to prime your set against

NOTE Refer to your drug pockage insert to see if checking for blood return is a required step. If checking for blood return, piecus see the FREEDOM60 instructions for Use for oddhonal sleps.

Peel the printed side from the dessing to expose achesive. Secure the needle by ploong the adhesive dressing in the center of the needle bufferfly. Smooth it outward over size.

Corefully remove sheetd from

the needle tip, with core not

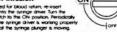
10 Secure

HIgH+Flo

times and

E.

KGRU



If using multiple syringes Orce the trst syringe is empty, turn the syringe driver OFF and wind the black tab to the end of its track. Remove the syring from the sympe driver and disconnect from lutang. With cateria ted connect the adational sympe to the key disc and of the Precision t ood the prepared syringe into the syringe driver. Turn the continue infusion, Repeat until total dosoge is complete

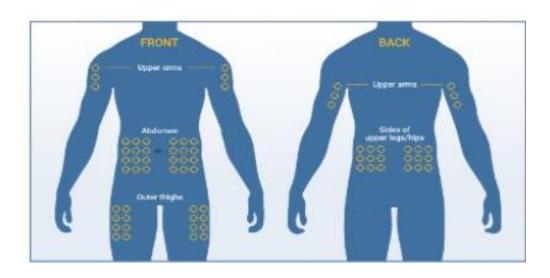


12 Wind Back 13 Remove Needle(s) Holding the needle in place, peel back surrounding achesive dressing. Remove needleck in a stronght motion opposite the direction you methed & To use the soletry feature, doae wring over the needle and shap shut. When the syringe is complet empty and total dosage is administered, furn the syringe driver OFF Wind the large knob until the black tab is of the end of its track.



**Discard Sharps** 14 Remove Syringe 15 & Disinfect Put syringe away from the syringe driver's nose and remove. If needed, clearae each site and cover with a bandage. Decard all sharps and supplies as whiched by your healthcare provide Inspect the syringe driver for soil and wave if down to ensure it is clean. Refer to the cleaning tection in your instructions. For Use manual for details \*Tip: Print a copy for yourself to use as a teaching tool.

# **Choosing a Site**



- SCIg injection sites are usually in the lower abdomen, but the outer edge of the thigh, buttocks or back of the upper arm can also be used. Avoid bony areas such as the hips.
  - When using the lower abdomen, the needle should be inserted at least 5cm (about 2") away from the belly button.

If using more than one site at a time, make sure they are at least 5cm (about 2") apart. Reactions or side effects to SCIg include:

What are the risks associated with SCIg

<u>Common</u> injection site reactions such as redness, swelling and itching.

- These are usually mild and go away over a day or two.
- Reactions are generally worse with the first few infusions and get better over time.
  - Most itching is resolved by slowing the infusion.

<u>Uncommon</u> side effects such as headache, feeling hot, nausea, diarrhea, sore throat, rash, increased cough and back pain.

• These are usually mild.

Extremely rare and serious side effects such as allergic reactions, kidney problems or blood clots.

#### **Site Reactions**

Educate the patient that common local reactions at the infusion site include: •Mild or moderate swelling (egg sized lump). •Hardness. •Blanching (whiteness). •Redness at the infusion site.

These reactions are normal and short lived, usually gone by the next day.

They are more common in people who have just started SCIg, especially in the first few months.

Most people start to notice a decrease in local reactions after about 8-10 weeks.

Over time, the skin will "get used" to the repeated infusions, and local reactions will lessen.



Moderate



# Documenting the SClg infusion

Patients should record the following details in a SCIg infusion diary (usually sent by pharmacy), which can be shown to the nurse or medical specialist:

- Brand of SCIg product.
- Batch number/sticker.
- Date and time of infusion.
- Time taken for infusion.
- Reactions to infusion.
- Problems with product (e.g., visible particles not used and returned).
- Unused or wasted product (e.g., spilled/damaged or infusion stopped due to adverse reaction).

### HyQvia - a unique type of SCIG

- HyQvia is a liquid medicine containing Recombinant Human Hyaluronidase (HY) and Immune Globulin (Ig) and is used to treat adult patients with primary immunodeficiency () diseases.
- Recombinant Human Hyaluronidase helps more of the immune globulin get absorbed into the body to fight infection.
  - Other subQ lg treatments require multiple infusions a month to receive the dose.
    - <u>HyQvia is the only once-a-month (every 3 or 4 weeks)</u> subQ lg with Recombinant Human Hyaluronidase and lg.
- The Recombinant temporarily opens the subcutaneous space, allowing a larger amount of lg to reach the subQ tissue and be absorbed into the bloodstream to help HyQvia fight infections. It's the reason it can be infused every three to four weeks.



# HYQVIA

HyQvia is supplied as a dual-vial unit and is infused sequentially through 1 needle set. First, Recombinant Human Hyaluronidase (Hy) and then, second, Human Immune Globulin Infusion 10% (Ig).

The Recombinant Human Hyaluronidase (Hy) component should be clear and colorless. The Human Globulin (Ig) component should be clear and colorless or <u>pale</u> <u>yellow.</u> DO NOT mix the Recombinant with the IG

#### Administering HYQVIA

Draw up the Recombinant in a syringe

Prime the SC needles with the Recombinant

**Prepare the IG and place on pump** 

Infuse the Recombinant at a rate of 1-2 ml/minute

Start the IG within 10 minutes of infusing the Recombinant



#### Links to Resources/Videos

Links to SCIG

HHC Resources Page SCIG

Hyqvia

Hyquvia Infusion Training

**Nufactor SCIG** 

#### Communication

- Remember to call or text your patients 24-48 hours before your visit to confirm.
  - Call them if running late.
- Tag <u>@TeamHelp-CareCoordination</u> for any patient related needs.
- Tag @TeamHelp-Clinical for any clinical needs - Monday-Friday 8am-4pm

- After 4pm and on Weekends use this link to submit a ticket for after-hours help
- HHC After-Hours Ticket/Request (monday.com)
  - Messages sent to Clinical Supervisor after 4pm or on
     Weekends will be responded to on the next business day.

# **Supplies**

- **RN Car Kit Supplies**
- Use link below for car kit refills
- Lab tubes, labels, 10ml syringes, blunt needles, butterfly needle, biohazard bags
- Check your car kit frequently and request supplies as needed.
- Supplies are shipped from Charlotte NC on Monday Wednesday and Friday allow for up to 7 days for delivery.

Supply Request (RN Car Kit) (helmshomecare.com)

#### At each infusion visit RN is to complete <u>a supply inventory.</u>

- Use link below to request infusion related supplies. IV needles, start kits, premedication, hydration, tubing, vented spikes etc.
  - Acute care pts (ABX,TPN) will request needed supplies from their pharmacy when they ship out medication. IF you require a specific supply- use the link below to request.
    - Supply Request (Pharmacy) (helmshomecare.com)

# Signatures and Documentation

- The patient or caregiver MUST sign and give WRITTEN consent for each visit. Upon RN arrival, after washing hands and BEFORE any patient care, the patient or caregiver must sign the visit note paperwork giving consent for treatment. (If the caregiver signs, they must sign their own name - they are not to sign the patient's name.)
- If the patient is physically not able to sign (ie: missing limb, paralysis, injury, or other medical reason) the <u>RN must write VERBAL in the consent</u> <u>box and clearly explain in the</u> <u>narrative why verbal consent was</u> <u>obtained.</u>



#### Example:

Due to bilateral upper extremity paralysis from CVA, pt is unable to physically sign consent, caregiver not present, verbal consent for treatment today is given by patient.

Falsification of patient signature is grounds for immediate termination and reporting to the board of nursing.



# Thank you for all you do!!!