



IVIG

MARCH 2024

HAND WASHING

The number one complaint in home health care is that the nurse did not wash their hands with soap and water.

After introducing yourself and setting your bag down the **FIRST** thing you need to do is **WASH** your hands with soap and water.

Communicate with the patient that you are going to wash your hands with soap and water. Say something like, “I need to wash my hands with soap and water at the start of my visit. I will be using hand sanitizer throughout afterwards.”

DO NOT use gloves as a substitute for hand washing and hand sanitizer.

GLOVES, GLOVES, GLOVES



- [Supply Request \(RN Car Kit\)](#)
(helmshomecare.com)
- Wear gloves during infusion set up and access and any time you are preparing meds.
- Patients see gloves as an extra level of infection control/protection and professionalism.
- Gloves are provided in your car kit.

CARDINAL RULE OF HOME INFUSIONS

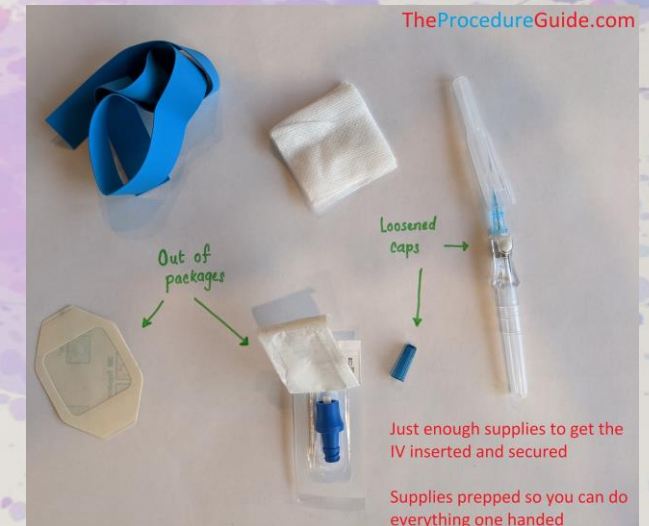
Establish access before you do anything with the medication.

Do not spike a vial or transfer (pool) meds into an IV bag, until you are sure you have access.

Make sure your peripheral IV, port, or PICC line gives good blood return and is flushing before you touch the meds.

These meds are extremely expensive and are not stable for use for very long after the vial is spiked or after they are removed from the vial.

HHC has a 2-stick policy. If you are unable to obtain access after 2 attempts, please call the Agency at 704.802.9625 or send a message via Teams to discuss options.



Preparing for the infusion

Once you have established access, you are now ready to prepare the medication.

IVIg comes in liquid form in glass vials.

****There is one brand that comes in powder form and must be mixed (Gammagard S/D) but it is less commonly used, and you will be notified if you are giving it so that you are properly prepared. ****

IVIg can be administered 2 different ways:

- 1. It can be infused directly from the glass vial – to use this method there must be a vented spike available. Most of the tubing for each infusion pump is not vented therefore the vented spike is required to allow air to escape. An exception is the Zyno pump which has its own vented tubing.**
- 2. It can be transferred from the glass vial into a pooling (IV) bag using transfer tubing**

WHAT is IVIG

IVIG stands for Intravenous Immunoglobulin

IVIG is used to reduce the effects of some autoimmune diseases.

It is also used to increase the levels of immunoglobulins if they are low or have been lowered by treatment with other medications. Immunoglobulin infusion therapy is used to treat multiple conditions, including but not limited to:

**Chronic Inflammatory
Demyelinating Polyneuropathy
(CIDP)**

**Common Variable
Immunodeficiency (CVID)**

**Multifocal Motor Neuropathy
(MMN)**

Myasthenia Gravis (MG)

MORE ABOUT IVIG

IT IS PREPARED FROM A POOL OF IMMUNOGLOBULINS (ANTIBODIES) FROM THE PLASMA OF THOUSANDS OF HEALTHY DONORS.

Immunoglobulins are made by the immune system of healthy people for the purpose of fighting infections.

IVIG DOES NOT INCREASE THE RISK FOR INFECTION.

While IVIG is derived from plasma (a blood product), it is so purified that the chances of contracting a blood-borne infection are extremely low.

IVIG WORKS IN DIFFERENT WAYS TO PREVENT THE BODY FROM ATTACKING ITSELF AND TO DECREASE SEVERAL TYPES OF INFLAMMATION IN THE BODY.

VENTED SPIKE



The vented spike is pictured here. You remove the cap from the un-spiked end and spike the pump tubing into the vented spike.

Once you have joined the pump tubing with the vented adapter, it creates tubing that allows for venting.

Before spiking the glass vial clean the rubber top with alcohol.

Then spike the rubber top of the glass vial.

Hang the vial on the IV pole.

POOLING BAG

- **The rule of thumb is to run IVIG from the vials.** If supplies are there to run from either the vials or from a pooling bag, the nurse should choose to run from the vials, using a vented spike. If there is no vented spike and there is only a pooling bag, then pool and run from the bag.
- Most Pharmacies will either send one or the other. In some cases, a Pharmacy will send both.

When given the option, please utilize the vented spike to infuse directly from the glass vial.

- If the infusion must be stopped or cannot be completed for any reason, we only lose the IG remaining in the spiked vial vs losing all the medication (may be multiple vials) transferred into a pooling bag.

NOTE: Nufactor and OPTUM do NOT allow IVIG to be pooled, except by preapproved exception. More pharmacies are moving in this direction so please follow the rule of thumb above.



Pooling/Transfer Bag Method

A link to a short video which demonstrates the pooling process:

<https://www.youtube.com/watch?v=XcgQAMxhgPg>

Once the medication has been transferred into the bag and you remove the transfer tubing, this will leave an opening in the bag where the tubing was. Clamp it here and then -

DO NOT forget to screw on the white cap to plug this hole so that the medication does leak out once you hold the bag upright.



Setting up the Pump

At this point, you are ready to hook up the patient and begin the infusion.

The Curlin pump is the most used pump for infusions, however you may encounter different pumps including, but not limited to Curlin, CADD Solis, Zyno, , Vista, Sapphire, etc.

The Care Coordinator should let you know what type of pump the patient has so that you can be sure you are familiar with it. If the Care Coordinator does not tell you, please ask.

Many pharmacies program each pump specifically to the rates specified in the patient's orders or rate sheet.

ALWAYS check the rates/settings before starting the infusion.

When it is programmed, the RN is responsible for ensuring the programmed rates match the ordered rates.

If the pump is not pre-programmed, the RN will have to program the pump.

****Remember, if the Orders do not specify rates and there is no rate sheet, you will use our default titration/ramp-up rates.****

RATES

History has shown that most patients who have tolerance issues or infusion reactions do so because they are unable to tolerate the infusion at high rates. To err on the side of caution and minimize the risk of these reactions, we run the infusions much slower in the home than in the hospital/clinic setting.

Check orders for rates from MD/Pharmacy; some pharmacies send a rate sheet.

Our Standard Default Rates:

Adult:

30ml/hr X 15 minutes

60ml/hr X 15 minutes

90 ml/hr X 15 minutes

120ml/hr X 15 minutes

150ml/hr X 15 minutes

(Max rate until infusion ends)

Pediatrics:

5ml/hr X 15 minutes

10 ml/hr X 15 minutes

20 ml/hr X 15 minutes

40 ml/hr X 15 minutes

80 ml/hr X 15 minutes

(Max rate until infusion ends)



PATIENT MONITORING

ONE OF YOUR BIGGEST RESPONSIBILITIES AS THE RN, IS TO MONITOR THE PATIENT FOR ANY SIGNS OF INFUSION INTOLERANCE OR REACTION.

VITAL SIGNS SHOULD BE TAKEN AT BASELINE (PRIOR TO STARTING THE INFUSION) AND THEN AS FOLLOWS:

EVERY 15MINUTES FOR THE FIRST HOUR, AT EVERY RATE CHANGE, HOURLY, AND THEN 5-10 MINUTES POST INFUSION.

IF PATIENT C/O HEADACHE, ITCHING, HIGH OR LOW BP, STOP INFUSION X 15 MINUTES, RESTART INFUSION AT PREVIOUS RATE.

MAKE AGENCY AWARE OF ANY REACTIONS/ NEED TO SLOW INFUSION/CHANGES TO PT CONDITION VIA TEAMS.

DISCONTINUING THE INFUSION

Once the infusion is complete, flush IV, disconnect the patient and be sure to clean up the area carefully, discarding all sharps into the sharp's container and other items into the trash.

If it is a multi-day infusion, you can leave the patient accessed if the patient is open to it. This allows the patient to avoid another IV stick the next day. Some Pharmacies will provide Heparin to lock the peripheral IV to help maintain patency, but a Heparin lock is not required for peripheral IVs. If Heparin is not provided, you will simply flush the line with Normal Saline and clamp the line.

CARDINAL RULES OF INFUSION

ALWAYS reach out to us first (not the Pharmacy) with any questions.

Most of the issues you encounter can be resolved by HHC staff. We cannot bombard the Pharmacy or MD with unnecessary calls. If the issue requires Pharmacy or MD consult, HHC will make that determination and get them involved when need be.

NEVER tell a patient you have not given a particular medication before

Once you tell a patient you have never given a medication, never used a certain pump or supply, or that you are “new” to HHC, they lose confidence in your ability to care for them. Our Care Coordinators strive to tell you all the information you need to know prior to your visit so that you can access the necessary resources to be sure you are adequately prepared. If there is information you need but you have not been told, please **ASK!**



Documentation

If you are seeing a patient who is new to our agency (this is their first infusion with us), you will need to complete the HHC – Admission Note & Infusion Record known as SOC (Start of Care). This documentation is a little more in depth and contains some one-time items like the consents that we only need to obtain once.

For established patients, you will use the Visit Note & Infusion Record .

Some Pharmacies provide and require us to use their specific documentation (i.e., NuFactor Pharmacy; InfuCare), in which case, you would need to use their documentation.
(At this time InfuCare is in Logiforms but NuFactor is not.)

The Care Coordinator will let you know when any additional or alternate documentation is required.

Each Pharmacy sends out a folder to each of their patients with pertinent information in it. Please get in the habit of glancing through that folder to bring the patient's attention to any helpful educational resources or documents they need to sign.

DOCUMENTATION

Document thoroughly.

- Please remember that your documentation/visit note should serve as a snapshot of what occurred at the visit.
- If a patient experiences any abnormal symptoms or reactions during the infusion, you must:
 - ❖ Document what happened and what you did (nursing intervention)
 - ❖ Report in real time (while you are still with the patient) to HHC staff what is going on so that the appropriate next steps can be taken, and the Pharmacy/MD can be notified if necessary.
- Also, if the visit is ever extended for any reason, be sure to document the reason why and send a message to @teamhelp-carecoordination to make aware.

Again, the visit note should be able to stand alone as a report for what happened at the visit.



DOCUMENTATION

You must always document in the designated area on the visit note:

- **The name of the medication you are giving**
 - **The dose in grams**
 - **The volume in ml (s)**

You must always document the lot number and expiration date on each vial of medication.

When using Logiforms type in the Lot # and double check that you have transcribed it correctly.

ORDERING SUPPLIES



- You as the RN are responsible for ensuring the patient has what they need for their next infusion cycle. You should look through the patient's supplies, and think... "After I complete this infusion, what will the patient need delivered in their next shipment in order to complete their next infusion."
 - Examples would include IV catheters/Huber needles, IV start kits, pump tubing, pre-meds (if ordered), hydration (if ordered), Normal Saline flushes, Heparin flushes (if ordered/needed), gloves, syringes, needles, pooling bag, vented spike, tubing, etc.
- Submit supply refill requests via link in Logiforms.
https://forms.helmshomecare.com/formdata/user_forms/83108_7180635/390721/page1.html?cachebust=1111
- We will then handle forwarding it to the Pharmacy.

**** Note that most pharmacy sends supplies for a month, so if patient is weekly or every other week, please include what supplies patient will need for a month.****

LINKS TO RESOURCES/VIDEOS

- [IVIG Pooling bag 1 port](#)
- [IVIG Pooling bag 3 ports](#)
- [IVIG Admin Nufactor Curlin –](#)

Disclaimer:

This video is from Nufactor and shows pooling bag. A reminder that Nufactor does not allow pooling but this is a good video on how to infuse IVIG.

[Curlin Pump Videos -](#)

[HHC Resources Pump links](#)

[Schoox Curlin Pump](#)

[What to expect on a Helms Home
Care Visit](#)



Please respond.

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- Please respond to messages from the Agency in 24-48 hours.
 - Please send message with next visit date to @teamhelp-carecoordination at the end of EACH visit.



**Do not call the pharmacy unless you have been asked to do so by a
Clinical Supervisor or Care Coordinator.**

**Antibiotic patients are to contact pharmacy for refills of medications,
saline, and heparin.**

Clinical Supervisors are in the office

Monday-Friday

8:30 AM- 4:00 PM

If you need clinical help, it is best to use both tags:

@TeamHelp-CareCoordination

@TeamHelp-Clinical

**This will get your message seen by all office/clinical staff who are on
Teams at the time.**

**Need assistance after 4pm? Please submit a ticket for Clinical Help
Using this link!**

<https://forms.monday.com/forms/139d98db8b6a88cfac13a8db09fcabe7?r>

Share your feedback with Helms.
Share this link with your patients for them to fill out the patient survey.

[FEEDBACK | Helms Home Care](#)

We encourage you to share your experience with us so that we may continue to provide individualized care in the home at the highest level.



Thank you for attending! Please reach out with any questions.