

NHS number: .....  
 Name of patient: .....  
 Address: .....  
 Date of birth: .....  
 CR number: .....

AFFIX PATIENT LABEL

**Infusion Protocol for Privigen 10%**

|  |                          |
|--|--------------------------|
| Dose   | <input type="text"/>     |
| Patient's Weight (kg)  | <input type="text"/>     |
| Sample sent to microbiology (tick when complete)                         | <input type="checkbox"/> |
| Baseline routine bloods (tick when complete)                             | <input type="checkbox"/> |
| Pre-medication prescribed on drug chart if required (tick when complete) | <input type="checkbox"/> |

**Infusion Rates**

| Patients receiving first and second infusions |             | Dates             |
|---|-------------|-------------------|
| Infusion rate                                 | 0.3ml/kg/hr | First 30 minutes  |
| Then  | 0.6ml/kg/hr | Second 30 minutes |
| Gradually increasing to                       | 2.4ml/kg/hr |                   |

**Calculate for this patient**

|                           |  |                   |
|---------------------------|--|-------------------|
| 0.3ml x weight per hour = |  | First 30 minutes  |
| 0.6ml x weight per hour = |  | Second 30 minutes |
| 1.2ml x weight per hour = |  | Third 30 minutes  |
| 2.4ml x weight per hour = |  | Subsequently      |

| Patients receiving third and subsequent infusions up until 6 months and second infusions | From Date: |
|--|------------|
|--|------------|

If no adverse reactions have occurred, proceed as follows

|                         |             |                   |
|-------------------------|-------------|-------------------|
| Infusion rate           | 0.6ml/kg/hr | First 30 minutes  |
| Then                    | 1.2ml/kg/hr | Second 30 minutes |
| Then                    | 2.4ml/kg/hr | Third 30 minutes  |
| Gradually increasing to | 4.8ml/kg/hr |                   |

**Calculate for this patient**

|                           |  |  |
|---------------------------|--|--|
| 0.6ml x weight per hour = |  | First 30 minutes   |
| 1.2ml x weight per hour = |  | Second 30 minutes  |
| 2.4ml x weight per hour = |  |  |
| 4.8ml x weight per hour = |  | Not all patients will be able to tolerate this high rate |