

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

AFFIX PATIENT LABEL

**Infusion Protocol for  
Flebogammadif 5%**

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**

<b>Patients receiving first and second infusions</b>	<b>Dates:</b>
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Infusion rate	0.6ml/kg/hr	First 30 minutes
Then	2.0ml/kg/hr	Second 30 minutes
Gradually increasing to	4.0ml/kg/hr	

**Calculate for this patient**

0.6ml x weight per hour =		First 30 minutes
2.0ml x weight per hour =		Second 30 minutes
3.0ml x weight per hour =		Third 30 minutes
4.0ml x weight per hour =		Subsequently

<b>Patients receiving third and subsequent infusions up until 6 months</b>	<b>From Date:</b>
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If no adverse reactions have occurred, proceed as follows

Infusion rate	2.0ml/kg/hr	First 30 minutes
Then	3.0ml/kg/hr	Second 30 minutes
Then	4.5ml/kg/hr	
Gradually increasing to	6.0ml/kg/hr	

**Calculate for this patient**

2.0ml x weight per hour =		First 30 minutes
3.0ml x weight per hour =		Second 30 minutes
4.5ml x weight per hour =		
6.0ml x weight per hour =		