

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

AFFIX PATIENT LABEL

Infusion Protocol for Vigam 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

Patients receiving first and second infusions	Dates:
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Infusion rate	0.6ml/kg/hr	First 30 minutes
Then	1.0ml/kg/hr	Second 30 minutes
Gradually increasing to	1.8ml/kg/hr	

Calculate for this patient

0.6ml x weight per hour =		First 30 minutes
1.0ml x weight per hour =		Second 30 minutes
1.4ml x weight per hour =		Third 30 minutes
1.8ml x weight per hour =		Subsequently

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

Infusion rate	1.0ml/kg/hr	First 30 minutes
Then	1.4ml/kg/hr	Second 30 minutes
Gradually increasing to	2.4ml/kg/hr	

Calculate for this patient

1.0ml x weight per hour =		First 30 minutes
1.4ml x weight per hour =		Second 30 minutes
Up to 2.4ml x weight per hour =		