Interior Health

Subcutaneous Immune Globulin (SCIG)
Home Infusion Program

Program Referral Form

Required Documents: Fax all forms to Transfusion Medicine 250-862-4051 or 250-862-4052 for Approval

☐ Referral ☐ Product orders ☐ Lab results

☐ Medical history letter ☐ Appreciable Risk Form #826034

Patient Information		
Patient Name:	DOB:	PHN:
Address:	City:	Postal Code:
Phone: Home:	Work:	Cellular:
Allergies: ☐ NKA List:		

Referring Physician (Immunologist)		
Physician name (print):	MSP #:	Date:
Address:	City:	Postal Code:
Office phone #:	Fax #:	Email (if not IH)

Medical History:	
Primary Diagnosis:	
Secondary Diagnosis:	
Current IVIG dose: _____ grams/kg every _____ weeks Name of product: _____ Length of time on product: _____ Adverse Reactions: _____ _____	Have previously used SCIG product: ☐ YES ☐ NO *If YES:* Name of product: _____ Dosage: _____ Length of time on product: _____ Reason for ending: _____ Adverse Reactions: _____
Subclasses (if available):	Response to immunization:
Medications:	
Additional Comments:	

Priority Level (select applicable):	
☐ 1. No venous access	☐ 4. Difficulty traveling for infusions
☐ 2. Adverse reactions	☐ 5. Social: work, family, or school related, travel (vacation)
☐ 3. Inability to maintain IgG levels	☐ 6. Elective
Transfusion Medicine IVIG/SCIG Coordinator Review:	**Transfusion Medicine Medical Director Screen/Approval**
IgG Trough: _____ Date: _____	Approval Date: _____ Signature: _____
Transfusion Medicine Medical Director Comments:	

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Enrolment Criteria

The patient must have a confirmed diagnosis of hypogammaglobulinemia (reduced total IgG or IgG subclasses and/or inadequate response to immunization) with recurrent bacterial infection. Although any hypogammaglobulinemic patient who requires IgG replacement may be a candidate for subcutaneous home infusion, this method may be particularly appealing or useful for patients who:

- experience adverse events during or immediately after intravenous immune globulin (IVIG) infusions;
- have peripheral venous access problems;
- desire greater convenience and/or independence from hospital IV administration.

The patient or caregiver who will be infusing the patient must be capable of being trained to administer SCIG safely and accurately in the home setting. When considering which patients will be good candidates, attention should be given to a patient's/caregiver's:

- ability to read and follow instructions;
- ability to learn;
- self-motivation;
- probable compliance;
- physical limitations (especially for manual dexterity).

Informed consent must be obtained from the patient. The patient (or guardian) must be made aware that SCIG is a blood product with associated risks and that infusion in the home is associated with additional risk.

The patient (or guardian) must sign a Patient Consent & Participation Agreement.

The patient or caregiver must be trained to administer SCIG. This training must include a minimum of three sessions of supervised SCIG self-injections.

The patient's home infusion setting must have a working telephone and should have access to emergency assistance. Medical assistance must be available by telephone for immediate consultations should urgent medical care be required.

For patients under age 19, and for all patients during their first month of SCIG therapy, a competent adult must be available in the home infusion setting to assist the patient for the entire period of the infusion and must remain available to the patient for at least 60 minutes thereafter. For patients aged 19 and older, the requirement for another competent adult to be in attendance during the procedure and for at least 60 minutes thereafter should be reviewed following the first month of SCIG home infusion. If, after the first month, the patient has experienced no serious adverse events, it may be sufficient to have another competent adult available via telephone.

Contraindications:

1. SCIG is contraindicated in individuals with a history of anaphylactic or severe systemic response to immune globulin preparations, and in persons with selective immunoglobulin A (IgA) deficiency (serum Ig <0.05 g/L) who have known antibody against IgA.

2. Caution should be used in patients with platelet disorders or other bleeding tendencies.

3. The safety and efficacy of SCIG has not been studied in patients <2 years old.