**Appendix 4: Paediatric Intravenous Immunoglobulin (IVIG) Calculation Sheet**

**PRIVIGEN® 100mg/ml (Normal Human Immunoglobulin)**

 **Paediatric Infusion Rate - Calculation Sheet**

**Please affix Patient ID sticker here**

**Date :**

**1. Calculate patient weight**

Patient’s weight = ………….. kg

**2. Calculate total dose**

Total Dose = Dose (g/kg) ………… X …….. weight (kg) = ………….. g

**3. Calculate total volume and administration rate titration**

Total Volume = ……………. Total dose (g) x 10 = ……………… ml

NB: for many indications, the total volume of IVIG is divided and administered over >1 day, please consult the DH guidelines at <http://igd.mdsas.com/clinical-info/> or discuss with Pharmacy.

Daily volume (if applicable) = ………………ml, once daily for …………….. days.

|  |  |  |  |
| --- | --- | --- | --- |
| Rate: | Administration time: | Calculated rate: | Infusion volume: |
| 0.3ml/kg/hr | 30 minutes |  |  |
| 1.0ml/kg/hr | 30 minutes |  |  |
| 1.5ml/kg/hr | 30 minutes |  |  |
| 2ml/kg/hr | 30 minutes |  |  |
| 3ml/kg/hr | 30 minutes |  |  |
| 4ml/kg/hr | until infusion completed |  |  |

Privigen is administered through a standard IV giving set.

A full set of observations (including BP) should be recorded every half hour throughout the infusion.

**Remember, this is not a prescription. PRIVIGEN MUST ALSO BE PRESCRIBED ON THE PATIENT’S FLUID CHART. Make sure you annotate or attach the batch number labels to the chart too, please. (These are required by the Department of Health for audit purposes).**