

# Administration of Intragam P to the neonate

Intragam P is a sterile, preservative free solution administered to supply IgG antibodies. Intragam P is made by fractionation of pooled human plasma obtained from voluntary blood donors.

Note: Intravenous Immunoglobulin (Intragam P) is a different product to Normal Immunoglobulin (NIg)

## Rationale

Intragam P is administered to supply IgG antibodies to assist the recipient's immune system to overcome infections and autoimmune reactions.

## Clinical Indications in the neonate

Thrombocytopenia associated with maternal autoimmune thrombocytopenia

Neonatal Alloimmune Thrombocytopenia (NAIT)

Some cases of Isoimmune Haemolytic Jaundice

Sepsis (effectiveness unproven)

## Supply & Storage

Supplies are ordered and obtained through the blood bank (Xn 2036).

Intragam is stored refrigerated in blood bank, do not store in ward fridges.

50 ml (3g) bottles are available for small neonatal doses.

## Dosage and Administration

Dosage may vary according to clinical indication.

Sepsis: 0.5g/kg (8.3ml/kg)

Thrombocytopenia, NAIT: 1g/kg. In some circumstances a second dose may be required on subsequent days.

Isoimmune Haemolytic Jaundice: 0.5g/kg

Administer undiluted as an IV infusion over 6 hours.

Do not use after expiry date and use immediately after opening. If the product is turbid by transmitted light or contains any sediment it must not be used.

**Allow Intragam P to reach room temperature prior to infusion.**

**Do not administer via filter (either particle or standard filter).**

## Compatibilities

Compatible with Normal Saline or 5% Dextrose. Do not infuse with other IV medications.

## Observations

Monitor temperature, heart rate, SaO<sub>2</sub> and blood pressure at baseline, 15 minutes after commencing infusion and hourly thereafter.

## Reactions

No short or long term adverse effects have been reported in neonates, however should the patient's condition deteriorate during infusion turn off the infusion and notify the doctor.

Note that hypotension and anaphylaxis have been reported in adults and children. These reactions tend to be related to the rate of infusion and are most likely to occur during the first hour of the infusion. Other side effects reported in adults and older children include dyspnoea flushing, hives, headache, vomiting, aseptic meningitis, haemolysis and renal dysfunction.

Intragam P is manufactured from human plasma and therefore carries the risk of transmission of blood borne infectious agents. Blood Services apply strict donor questionnaires and laboratory testing to screen blood and protect the blood supply. Intragam P is further protected by viral inactivation steps making it a product with a very low risk for virus transmission. The chance of transmission of HIV, Hepatitis B, Hepatitis C is estimated at less than 1 in 10 million.

### **Documentation**

A record should be kept in the patient's history of the following:

- The date of the infusion
- Patient's observations and general condition during the infusion
- Amount given
- The batch number and expiry date of each bottle used (place a sticker with batch number on the drug/IV order chart). This information is important should the patient have a reaction to the infusion or if there is a need to trace recipients of certain batch numbers at a later date.

### **Clinical alert**

Intragam P can interfere with the response to live, attenuated vaccines. Therefore specific vaccinations eg measles or polio should be deferred until approximately 3 months after an Intragam P infusion. If Intragam P is given less than 2 weeks after vaccine administration, the efficacy of that vaccine cannot be guaranteed.