

## PRIVIGEN® Chart:

Intravenous Immunoglobulin (IVIg)

**Check Twice. Chart Once.**  
Ensure the correct chart is selected.

Family Name: \_\_\_\_\_  
Given Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
**AFFIX PATIENT LABEL HERE**  
Date of Birth: \_\_\_\_\_ NHI#: \_\_\_\_\_

### ALLERGIES:

**Privigen® - Titration Schedule -** 90 -150 minutes to titrate to maximum rate

Patient weight (kg) \_\_\_\_\_

**Privigen® Titration Rates** are weight-based, in mL/kg/hour. The prescriber must calculate the rate below. The rate increases every 30 minutes, if tolerated, to a maximum of **2.4 mL/kg/hour** (TOTAL OF 4 INCREMENTS)

- The first 30 minutes: **0.3 mL/kg/hour** ⇒ Calculated: 0.3 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour
- The next 30 minutes: **0.6 mL/kg/hour** ⇒ Calculated: 0.6 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour
- The next 30 minutes: **1.2 mL/kg/hour** ⇒ Calculated: 1.2 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour
- Thereafter, till end: **2.4 mL/kg/hour** ⇒ Calculated: 2.4 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour

From the **fourth maintenance** dose, & 2 hours into the infusion, the rate can increase from **2.4 mL/kg/hour** to a maximum of **4.8 mL/kg/hour** at 30 minute intervals, AND, if tolerated (TOTAL OF 6 INCREMENTS)

- The next 30 minutes: **3.6 mL/kg/hour** ⇒ Calculated: 3.6 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour
- Thereafter, till end: **4.8 mL/kg/hour** ⇒ Calculated: 4.8 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour

**Privigen® - Induction Treatment:** administered over 2- 5 days, as defined by the prescriber

☐ **Induction Total Dose** (g/kg) ..... **Divided Over** (number of days) .....

State clearly the daily dose in gram below; delete all 'day lines' not required. \*COMPLETE PRESCRIBERS DETAILS & DIAGNOSIS

Date (dd/mm/yyyy)	Medication	Daily Dose (gram)	Route	Rate (mL/hr)	Prescribers Signature	Commenced by Checked by	Date Time
Day One	Privigen®		IV	As per titration above			
Day Two	Privigen®		IV	As per titration table above			
Day Three	Privigen®		IV	As per titration table above			
Day Four	Privigen®		IV	As per titration table above			
Day Five	Privigen®		IV	As per titration table above			

### \* Prescriber Details: SMO / RMO

NZMC #	Name of Prescriber (print)	Signature	Initials	Designation	Contact Number

### Administration Sample Signatures: Nurse/Midwife

Name (print)	Signature	Initials	Name (print)	Signature	Initials

**Diagnosis / Reason for Privigen®:**

Adult and Paediatric: **PRIVIGEN® Chart - Intravenous Immunoglobulin (IVIg) 10% Solution**

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Patient weight

kg

### Privigen® - Maintenance Treatment

☐ **Maintenance Dose** (g/kg) ..... every ..... weeks. \*COMPLETE PRESCRIBERS DETAILS ON PAGE 1

Date dd/mm/yyyy	Medication	Dose (gram)	Route	Rate (mL/hr)	Prescribers Signature	Commenced by Checked by	Date Time
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			

Administration Sample Signatures: Nurse/Midwife					
Name (print)	Signature	Initials	Name (print)	Signature	Initials

Diagnosis / Reason for Privigen®:

**ADULT and PAEDIATRIC: PRIVIGEN® Chart - Intravenous Immunoglobulin (IVIg) 10% Solution**