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Quick reference guide for self-infusion of subcutaneous immunoglobulin home therapy in neurology

NATIONAL DATABASE CLINICAL WORKSHOP

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Introduction

This guide is concerned with subcutaneous immunoglobulin (SCIg) used to treat patients with Immune mediated neuropathies. Immunoglobulin is a blood product prepared from pooled plasma and carries a degree of risk of viral transmission. The plasma is obtained from selected donors, then screened and purified; this process varies between each manufacturer (see manufacturer's information).

SCIg preparations are preservative-free and supplied as 16%, 16.5% and 20% solutions. Subcutaneous infusing is particularly convenient for patients with poor veins or for patients who develop intolerance to intravenous immunoglobulin. Home therapy SCIg can be really helpful for patients who struggle with the time demands of hospital based IV treatments.

Criteria for home therapy

- The patient should usually have been stabilised on treatment in the hospital setting for at least 4-6 months without adverse reactions.
- The patient should be motivated to carry out home therapy, and their home circumstances considered suitable.
- For subcutaneous home therapy an infusion partner is not mandatory.
- A risk assessment should be made and a decision on commencing home therapy taken on an individual basis. Hepatitis screening, serum save and ECG as required.
- The patient and, when required, partner must be trained to self-administer immunoglobulin by the specialist nursing staff.
- The patient must agree verbally and in writing to complete infusion logs, have regular blood samples taken for monitoring, and attend for hospital review as often as required.
- Funding for home therapy must be arranged as per local policy.
- The general practitioner must agree in principle to home therapy and be kept informed of the clinical plan and patients progress
- The patient must have a telephone for access to emergency services in the unlikely event of an adverse reaction.

Patient training for home therapy

- Home therapy training should be provided by a Clinical Nurse Specialist with a recognised teaching qualification (Preparation for mentorship, ENB 998 or equivalent), using the Home therapy training programme documents.
- Those learning to infuse SCIg will attend their specialist centre for an appropriate number of training sessions, usually 3-6, with their summative assessment taking place in the home setting.
- The training record will be kept in the patients notes
- Training or home therapy may be withdrawn at any stage if the patient criteria for entry change.
- The patient may withdraw from the training at any time.
- Patient will be provided with a product specific information pack with dosing regimen and contact details for the centre, clearly documented
- The patients' infusion skills and knowledge, and their infusion logs/symptom diaries will be monitored by the Clinical Nurse Specialists

Further considerations

- Patient will require referral to Homecare company for supply of product and ancillary equipment for homecare
- Consent for information sharing with Homecare Company must be obtained from the patient
- All written communication with Homecare Company must be via NHS Net
- Prescription, registration and ancillary requirements will be forwarded from the treatment centre to Homecare Company
- Dosing is based on division of regular monthly IV dose into weekly aliquots
- Once a patient has been established on a particular product, that product should only be changed to another one for clinical reasons, and such a change must be authorised by the prescribing neurologist
- The patient should have a risk assessment and sign a consent form to ensure that the need for treatment, the method of administration, the potential side-effects, are understood and accepted.
- The presence of active untreated bacterial infection is a contraindication to SCIg as it could lead to an immune-complex formation which in turn could lead to an adverse reaction. If an infection is suspected a blood test to measure the CRP should be taken at the GP surgery or treatment centre
- Infusions should be delayed until the infection responds to antibiotic therapy, usually forty-eight hours
- Antihistamine and hydrocortisone may be given prior to the first infusion at the discretion of the consultant.
- The immunoglobulin is administered using an infusion pump and can be administered between 2-4 sites using subcutaneous needles, alternatively immunoglobulin can be administered subcutaneously via push method via 1-2 needles more frequently.
- The infusion sites may become raised, itchy and red; this is a normal localised reaction and should resolve within a few hours and diminish over time with subsequent infusions. Itchiness and soreness may be relieved by the application of calamine lotion.
- If an adverse event occurs, the infusion should be stopped until symptoms subside.
- Oral antihistamine and Paracetamol (+/- ibuprofen) should be given.
- For adverse events the treatment centre must be informed and appropriate bodies informed if required
- LFTs, FBC should be monitored routinely 12 weekly.
- If patient is transferring to an alternative product, Hepatitis B-surface antibody, Hepatitis B Core antibody and Hepatitis C screen and serum save must be completed
- Paraprotein as requested by Consultant
- ECG must be completed pre-treatment, then as required clinically

Monitoring and efficacy assessment

- As required. Once established on home therapy, twice yearly review or as directed locally
- Maintenance of DH Ig Management Programme requirements