

Appendix D: Department of Immunology and Allergy

Immunoglobulin infusion shared care record

Name:						Date of birth:			Weight kg	
Product Name:			Dose: g every week(s)							
Date	Infection present (Y/N)	Batch/Lot numbers	Bottle size (grams)	No of bottles	Infusion start/end times	Other medication	Pre-medication given *	Blood sample sent? **	Adverse reaction (Yes/No)	Signature staff or patient

*e.g. paracetamol,anti-histamine,NSAID/aspirin

**IgG level, LFT, FBC (3monthly pre-infusion), annual archive save

For any reactions, please notify the department as soon as possible. Contacts: Dr Sarah Goddard Consultant Immunologist or

Debbie Hughes, Immunology Nurse (01782)672504.