

Subcutaneous Immunoglobulin (SCIg) Program



Treatment Record

Affix Patient Identification Label here

Commence new treatment record sheet if changes to dose, treatment hospital or unit.

Please keep as a record in unit based SCIg folders for reference by nursing staff

Patient Weight _____(kg)

Product Name: (please circle) Evogam Hizentra Civitru

Total Dose: Monthly _____(g) Weekly _____(g)

Total Volume: Monthly _____(mL) Weekly _____(mL)

Number of Infusions each week: (please circle) 1 Other (please state): _____

Number of Injection Sites: 1 2 3 4 Volume Infused each site: _____

Vial Size each weekly dose:

Evogam: 5mL (0.8g) no. of vials _____ 20mL (3.2g) no. of vials _____

Hizentra: 5mL (1g) no. of vials _____ 10mL (2.g) no. of vials _____

20mL (4g) no. of vials _____ 50mL (10g) no. of vials _____

S/C Needle

Neria (thumb needle): number of lumens _____

Hi FLO use for deeper access: number of lumens _____

EMED Size 24G x 12mm number of lumens _____

Luer Lock Syringe Size and number:

10 mL BD Luer Lock Number _____

20mL BD Luer Lock Number _____

30 mL with control tubing for springfuser kit Number _____

Comments: _____

 **Product and Consumable Supply List**

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Products and Supplies	Number supplied each month									
Patient Supply										
Small foam esky (12 pack size)										
Ice Bricks (to cover bottom of esky)										
Plastic container (to store SCIg Products in refrigerator)										
Band aids or gauze (to cover injection site once completed)										
Hospital Supply										
Needles (Number will depend on number of injection sites)										
Neria dual lumen	Please circle	No. per month _____								
Hi FLO dual lumen		_____								
EMED dual lumen		_____								
Drawing up needle (Hizentra only)										
No. per month _____										
Alcohol Swabs (2 x each infusion)										
No. per month _____										
Luer Lock Syringes (No. will depend on no. of sites)										
10mL No. per month _____ (push or NIKI)										
20mL No. per month _____ (springfuser (BD) or NIKI)										
30mL springfuser syringe & tubing No. per month _____										
Sharps Container (requires exchanging when full)										
Infusion Diary										
SCIg Product (check dose and number of bottles)										