TRANSFUSION MEDICINE PROTOCOLS

Zoster Immunoglobulin VF

This document should be read in conjunction with the Disclaimer

AIM	To describe the indication, ordering, administration and documentation of Zoster Immunoglobulin VF
DESCRIPTION	Zoster Immunoglobulin-VF (ZIG)
SPECIFICATIONS	Each 200 IU vial contains 160mg/mL human plasma proteins, with 98% being immunoglobulins (mainly IgG) and has at least 200 IU/vial Varicella-zoster antibody. Manufactured from pooled human plasma. Zoster Immunoglobulin-VF Product Information
VIAL SIZE	200 IU vial
INDICATIONS	Zoster Immunoglobulin-VF is indicated for prophylaxis against varicella in patients who meet the criteria as detailed in The Australian Immunization handbook, section 4.22.12 Public health management of varicella. The WNHS Infection Control Manual is available for reference
CONTRAINDICATIONS AND PRECAUTIONS	Isolated Immunoglobulin A (IgA) deficiency, unless patient is tested and shown not to have circulating anti-IgA antibodies. Severe thrombocytopenia or any coagulation disorder that would contraindicate intramuscular injections. Refer to Zoster Immunoglobulin-VF Product Information for more information.
CONSUMER INFORMATION	Zoster Immunoglobulin-VF Consumer Medical Information
CONSENT	Written consent is required as Zoster Immunoglobulin is manufactured from pooled human plasma. Refer to Transfusion Medicine Protocol WNHS Blood Product Prescription, Informed Consent. And Refusal

DOSE	Seek advice from the Clinical Microbiologist or requesting Clinical Haematologist regarding dose. Refer to The Australian Immunization Handbook, Table 4.22.2: Zoster immunoglobulin-VF dose based on weight.
ORDERING	The Transfusion Medicine Unit (TMU) **must** be contacted and provided with the minimum clinical details which will be recorded on a '***ZIG Clinical Details Form'*** Details on the ***ZIG Clinical Details Form'*** include: • Patient Name and UMRN • D.O.B, if neonate • Details of other health issues e.g. leukaemia; immunosuppressive therapy • Immunity status e.g. blood test (VZV serology) or history, • Exposure details e.g. number of days and type of exposure e.g. household, • Patient weight and ZIG dose requested. If there has been discussion and advice from the Clinical Microbiologist this should also be noted.
ADMINISTRATION	• Two staff to perform checks as per the Clinical Practice Manual, WNHS Pharmacy Medication Checking and Administration processes. • Check Issue label and patient ID. Check right patient, right product, right dose – prescription matches product supplied. If not identical, contact TMU and prescribing doctor. • The product must be used immediately after opening. Any unused solution must be discarded. • Allow product to reach room temperature before administration. • Do not use the product if it appears turbid or cloudy. • Administer by slow deep intramuscular injection. **DO NOT** administer intravenously.
OBSERVATIONS	Undertake observations as for all blood products. Vital signs (temperature, pulse, respiration, blood pressure) must be recorded on the observation chart in the medical record.

	Observe for signs of adverse reactions - see Zoster Immunoglobulin-VF Product Information
ADVERSE REACTIONS	Local tenderness, erythema and stiffness may occur at the injection site and may persist for several hours. Angioedema, mild pyrexia. Malaise, drowsiness and urticaria have been reported occasional after injections of immunoglobulins. True allergic reactions are rare. For more information see Zoster Immunoglobulin-VF Product Information. Any adverse reaction should be reported to the Clinical Haematologist/Microbiologist and TMU. Refer to WNHS Management of Transfusion Reactions and Adverse Events, as a guide to further treatment and management of the patient.
DOCUMENTATION	A record should be kept in the patient's history of the following: • The date and time of infusion • Patients observations and condition during the infusion • Amount given • The batch number and expiry date of each bottle used (place a sticker with the batch number on the Transfusion Medicine Record sheet MR735). 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.
For further information, refer to product insert Return product to TMU immediately if no longer required. Product should be used for intended patient (issue label) only.	

References

- Australian Red Cross Blood Service – Blood products and transfusion practice for health professionals. Australian Red Cross website
- Australian Red Cross Blood Service – Blood products and transfusion practice for health professionals. http://www.transfusion.com.au/blood_products/fractionated_plasma/immunoglobulins
- Flippin' Blood BloodSafe SA / ARCBS Second Edition June 2012
- http://resources.transfusion.com.au/cdm/ref/collection/p16691coll1/id/20
- Australian Government Department of Health, The Australian Immunisation

Handbook, 10th Edition, 2013

- CSL Global Zoster immunoglobulin-VF
- CSL Zoster Immunoglobulin-VF Product Information

Related policies

- National Safety and Quality Health Service Standards, October 2012. Standard 7: Blood and Blood Products

Related WNHS policies, procedures and guidelines

- WNHS Blood Product Prescription, Consent and Refusal
- WNHS Management of Transfusion Reactions and Adverse Events
- WNHS Pharmacy Medication Checking and Administration
- Neonatology Clinical Care Guidelines
- Obstetrics and Gynaecology Clinical Guidelines
- WNHS Pharmacy Medication Checking and Administration

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