Alberta Health Services

This document applies to all Covenant and AHS sites.

Immunine® VH

Class: *Factor IX concentrate, manufactured from human plasma*

OTHER NAMES: Factor IX concentrate (Human), Vapor Heated, IMMUNO

Company: Baxter

	INTRAVENOUS			OTHER		
ROUTES	**DIRECT IV**	**IV Infusion**	**Continuous Infusion**	**SC**	**IM**	**OTHER**
Acceptable Routes*	Yes**	Yes	Yes	No	No	N/A

*** Professionals performing these restricted activities have received authorization from their regulatory college and have the knowledge and skill to perform the skill competently.**

**** Transfusion of Blood Components and Products Learning Module Section Three: Direct IV Administration of Blood Products. RNs may administer direct IV blood products. Not to be confused with medication administration**

DESCRIPTION OF PRODUCT:

- A stable, lyophilized concentrate of Factor IX purified from pooled human fresh-frozen plasma.
- Available in single use vials of 160-240 IU, 480-720 IU, and 960-1440 IU.
- Viral reduction steps include vapor pressure and heating.
- **Latex-free**

AVAILABILITY:

- Supplied by CBS
- Contact your local laboratory/transfusion service regarding stock availability on site.

INDICATIONS FOR USE:

- Control and prevention of bleeding episodes in patients with congenital or acquired Factor IX deficiency; including peri-operative management in these patients.

CONTRAINDICATIONS:

- Consumption coagulopathy or abnormal fibrinolysis.

WARNINGS:

- Caution should be exercised in patients with a risk of thrombosis (ex. history of severe liver disease, thrombophilia, or a tentative or definitive diagnosis of angina pectoris, coronary heart disease, or myocardial infarction).
- Replacement therapy with Immunine® VH may lead to the development of circulating antibodies which inhibit Factor IX.

DOSE (Refer to Product Insert):

- Dosage and duration of treatment depend on the severity of the Factor IX deficiency, location and extent of bleeding, presence of inhibitors, Factor IX level desired, and the patient's clinical condition.
- Generally given q24h based on biological half-life of Factor IX.

Surgical Prophylaxis:

- Initial dose should be administered 1h prior to surgery.
- For major surgical interventions, q12h treatment intervals should be maintained during the first post-operative days.

ADMINISTRATION:

Confirm written (signed) consent has been obtained and documented prior to requesting blood component from lab/transfusion service where possible.

Pre-Infusion: Ensure recent patient weight is on file and pertinent labs are available. Perform the appropriate pre-transfusion checks per protocol.

Access: Immunine® VH can be given via CVC, PICC, Port-a-Cath®, or peripheral IV line.

Reconstitution Supplies:

- Vial of Immunine® VH lyophilized powder
- Vial of Sterile Water for Injection (diluent)
- Double-ended transfer needle (pink case)
- Filter needle (white case)

} Contained in box

Administration Supplies:

- **For direct IV administration:**
  - Sterile plastic Luer lock syringe (large enough to contain dose)
- **For IV infusion:**
  - IV administration set
  - IV pump

Reconstitution: Reconstitute just prior to administration. Refer to reconstitution steps **here.**

Administration:

- Give within 30-60 minutes of reconstitution. **DO NOT** refrigerate after reconstitution.
- Do **NOT** mix with other medications.
- **Administration rate:** Max rate of 2 mL/min or as requested by the ordering physician or the bleeding disorders clinic.

POTENTIAL HAZARDS WITH PARENTERAL ADMINISTRATION:

- Potential adverse events related to a blood product transfusion range in severity from minor with no sequelae to life-threatening.
- All adverse events occurring during a transfusion should be evaluated to determine whether or not the transfusion can be safely continued/restarted.
- All adverse events suspected to be related to a product transfusion (whether during or after a transfusion) should be reported to your local transfusion service.

Side Effects - Flushing - Headache - Nausea - Itching and redness at the venipuncture site	**Action** Slow rate of infusion
Potential Allergic Reaction - Stuffy nose - Hives/severe itching - Cough - Chest pain - Wheezing - Facial swelling - Fainting	**Action** **STOP** infusion **IMMEDIATELY** and contact physician

NURSING IMPLICATIONS:

Patient Monitoring:

- Vital Signs: Pre-administration, on completion of dose, and as patient condition requires.

Patients receiving blood product transfusions must be observed closely for signs of any unexpected or untoward reactions. These reactions may occur during or after the infusion of blood or blood products. For follow up to a transfusion reaction see: http://www.albertahealthservices.ca/lab/page4240.aspx Notify the transfusion service as soon as possible that an adverse reaction has occurred.

Documentation:

- The transfusion documentation should be double signed (where required) to indicate infusion. Document start and stop date and time of transfusion.
- Start and stop time of infusion and assessment of patient tolerability should also be documented in appropriate flow chart or clinical record (electronic or paper) as required.

STORAGE & STABILITY OF PRODUCT:

- Stable until date printed on label when stored at 2-8°C. **Do not freeze**.

COMMENTS:

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For questions or comments about this document, please contact Transfusion.SafetyTeam@ahs.ca

LINK to WEBSITE for PRESCRIBING INFORMATION:

http://www.baxter.ca