

**PRIVIGEN® Prescription Chart**  
10% Intravenous Immunoglobulin Solution

**Check Twice. Chart Once.**  
Ensure the correct chart is selected.

Family Name: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
**AFFIX PATIENT LABEL HERE**  
 Date of Birth: \_\_\_\_\_ NHI#: \_\_\_\_\_

**ALLERGIES:**

**PRIVIGEN® - Titration Schedule:** 90 -150 minutes to titrate to maximum rate

Patient weight (kg):

PRIVIGEN® Titration Rates are weight-based, in mL/kg/hour. The prescriber must calculate the rate below. The rate increases every 30 minutes, if tolerated, to a maximum of 2.4 mL/kg/hour (Total of 4 increments)

- The first 30 minutes: 0.3 mL/kg/hour ⇒ Calculated: 0.3 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour
- The next 30 minutes: 0.6 mL/kg/hour ⇒ Calculated: 0.6 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour
- The next 30 minutes: 1.2 mL/kg/hour ⇒ Calculated: 1.2 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour
- Thereafter, till end: 2.4 mL/kg/hour ⇒ Calculated: 2.4 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour

From the fourth maintenance dose, & 2 hours into the infusion, the rate can increase from 2.4 mL/kg/hour to a maximum of 4.8 mL/kg/hour at 30 minute intervals, AND, if tolerated (Total of 6 increments)

- The next 30 minutes: 3.6 mL/kg/hour ⇒ Calculated: 3.6 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour
- Thereafter, till end: 4.8 mL/kg/hour ⇒ Calculated: 4.8 x \_\_\_\_\_ weight in kg = \_\_\_\_\_ mL/hour

**PRIVIGEN® - Induction Treatment:** \_\_\_\_\_ g/kg (as per IgO approval, or equivalent) Administered over 1 - 5 days\*  
 \* varies according to clinical indication

**Induction: total approved dose in gram (g)**..... **Divided Over** (number of days).....

Define clearly the daily dose in gram below; delete all 'day lines' not required. \*\*Complete prescriber's details & indication.

Date (dd/mm/yyyy)	Medication	Daily Dose (gram)	Route	Rate (mL/hr)	Prescribers Signature	Commenced by / Checked by	Date / Time
Day One	Privigen®		IV	As per titration above			
Day Two	Privigen®		IV	As per titration table above			
Day Three	Privigen®		IV	As per titration table above			
Day Four	Privigen®		IV	As per titration table above			
Day Five	Privigen®		IV	As per titration above			

**\*\* Prescriber Details: SMO / RMO**

NZMC #	Name of Prescriber (print)	Signature	Initials	Contact Number	Designation

**Administration Sample Signatures: Nurse/Midwife**

Name (print)	Signature	Initials	Name (print)	Signature	Initials

**\*\*Indication for Privigen®:**

Note: The National Blood Authority (NBA) Ig criteria guides gram/kg dose & frequency of treatment. NZBS IgO (or equivalent) defines approved dose & frequency.



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Family Name: \_\_\_\_\_  
 Given Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
**AFFIX PATIENT LABEL HERE**  
 Date of Birth: \_\_\_\_\_ NHI#: \_\_\_\_\_

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Patient weight  kg

PRIVIGEN® - Maintenance Treatment:  g/kg (as per IgO approval, or equivalent)

Approved Maintenance: dose in gram (g) ..... every ..... weeks. \*\*Complete prescriber's details on Page 1

Date dd/mm/yyyy	Medication	Dose (gram)	Route	Rate (mL/hr)	Prescribers Signature	Date	
						Commenced by Checked by	Time
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
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	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			
	Privigen®		IV	As per titration table			

Administration Sample Signatures: Nurse/Midwife					
Name (print)	Signature	Initials	Name (print)	Signature	Initials

**\*\*Indication for Privigen®:**  
 Note: The National Blood Authority (NBA) Ig criteria guides gram/kg dose & frequency of treatment. NZBS IgO (or equivalent) defines approved dose & frequency.



Adult & Paediatric: **PRIVIGEN®** Prescription Chart - Intravenous Immunoglobulin (IVIg) 10% Solution