Guidelines for Use of Intravenous Immune Globulin
(Fleebogamma®, IVIG)

Recommended Neonatal Dose, Route, and Interval

- Usual dosage: 500-750mg/kg/dose IV over 2 to 6 hours
- Neonatal alloimmune thrombocytopenia: 400-1000 mg/kg/dose over 2 to 6 hours
- Sepsis: 500 mg/kg/dose daily for 2 days
- Immunodeficiency Syndrome: 100-400 mg/kg/dose every 3-4 weeks
- Hemolytic disease of newborn (Rh or ABO incompatibility): 500 -1000 mg/kg/dose over 2 to 6 hours

Indications

- Primary immunodeficiency syndrome
- Fulminant neonatal sepsis
- Hemolytic anemia of newborn/hyperbilirubinemia
- Neonatal alloimmune thrombocytopenia

Possible Adverse Reactions

- Headache, chills, fever, and nausea
- Anaphylactic and hypersensitivity reactions are possible
- Hypotension, tachycardia, hypoglycemia
- Increased risk of NEC in term and late preterm infants with hemolytic jaundice

CONTRAINDICATIONS/PRECAUTIONS:

- Hypersensitivity to immune globulin or blood products
- IgA deficiency (Increased risk of anaphylaxis with IVIG products containing higher amount of IgA content)
- Use with caution in patients with a history of cardiovascular disease or thrombotic episodes (increased risk associated with amount of “sugar” in the product)
- Varicella and MMR vaccines need to be delayed for up to 11 months depending on the IVIG dose and date of IVIG administration

Nursing Implications

- Have epinephrine immediately available in case of hypersensitivity reaction.
- Monitor temperature, heart rate and BP during infusion.
- Do not use in Jehovah Witness patient unless prior written consent is obtained!

IVIG Product Information

- Fleebogamma 5% - “cleaner product”
  - IgA Content: <3 mcg/mL
Gammunex 10%
  o IgA Content: 46mcg/mL
  o Sugar Content: No sugar added

References:
1. Neofax 2010
2. Fleebogamma and Gammunex Package Inserts

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