	Sunshine Coast Hospital and Health Ser
	Subautanaaya Immunaglabulin (SCIg) Dragram
	Subcutaneous Immunoglobulin (SCIg) Program
	tiont Accommont Form Affix Patient Identification Label here
o Pa	tient Assessment Form
Assessment	to be undertaken at each training session / product collection booking.
	sting- baseline, monthly for 3 months , then every 6 months.
Date	Patient Assessment
Infused / collected	IgG resultDate of collectionLab
conected	
Date	Site reaction: no yes size (cm)
range	(please circle) redness swelling itchy other
_/ /	Other reactions:
to	Since the last patient review / assessment:
/ /	Has the patient had any recent infections No Yes
	If yes: TypeDuration
	Did the infection require the patient to attend a GP No Yes
	Did the patient commence on antibiotics No Yes
	If yes, NameDosePuration
	Did the patient require admission into hospital No Yes If yes, how many daysHospital Name
	Other issues (please comment):
Date	Patient Assessment
Infused / collected	IgG resultDate of collectionLab
conecteu	
Date	Site reaction: no yes size (cm)
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_/ /	Other reactions:
to	Since the last patient review / assessment:
/ /	Has the patient had any recent infections No Yes
	If yes: Type Duration
<u> </u>	Did the infection require the patient to attend prGP No Yes
	Did the patient commence on antibiotics No Yes

Dose

Duration

Yes

Nor

If yes, Name____

Other issues (please comment):

Did the patient require admission into hospital

If yes, how many days_____Hospital Name_



Great state. Great opportunity. Queensland And a plan for the future. Government

Subcutaneous Immunoglobulin (SCIg) Program

Patient Assessment Form

Affix Patient Identification Label here

Assessment to be undertaken at each training session / product collection booking. IgG blood testing is to be undertaken Pre, 2nd monthly for the first 6 months then as directed by MO.

Date	Patient Assessment
Infused / collected	IgG resultDate of collectionLab
Date range / / to	Site reaction: noyessize(cm) (please circle) redness swelling itchy other
	Since the last patient review / assessment: Has the patient had any recent infections No Yes If yes: Type Did the infection require the patient to attend a GP No Yes Did the patient commence on antibiotics No Yes If yes, Name Dose Duration Did the patient require admission into hospital No Yes If yes, how many daysHospital Name
Date Infused /	Patient Assessment
collected Date range / / to /_/	IgG result Date of collection Lab Site reaction: noyessize(cm) (please circle) redness swelling itchy other Other reactions:



Subcutaneous Immunoglobulin (SCIg) Program

Document adverse events (including symptoms, investigations, interventions and outcomes), *not expected* with SCIg Infusion, in the patient clinical record. Notify MO, Transfusion CNC, blood bank and product company. Forward completed form to SCIg program co-ordinator – Transfusion CNCjanine.englis@health.qld.gov.au