

## DOSING OF INTRAVENOUS IMMUNOGLOBULIN IN INFECTION

INDICATION	IV DOSING SCHEDULE
Staphylococcal (including PVL associated sepsis) or streptococcal toxic shock syndrome (TSS)	1g/kg initial dose, if no improvement after 24 hours consider a further 1g/kg dose
Severe <i>Clostridioides difficile</i> colitis (on advice of ID/Micro only, in <a href="#">recurrent CDI</a> consider stool transplant)	0.4g/kg initial dose and consider repeating dose once
Chickenpox/ Shingles post exposure prophylaxis  (please note intramuscular VZIG product was withdrawn in 2024)	For contacts who <u>cannot</u> receive antivirals: 0.2g/kg ideally within 10 days of first contact  Please refer to <a href="#">UKHSA guidelines</a> for further information  For use in pregnancy or paediatrics, please refer to the relevant clinical team and see further information in Section D of the <a href="#">UKHSA guidelines</a> . Contact paediatric or oncall pharmacy team for neonates requiring the unlicensed IV VZIG product as NHSGGC is the national holding centre.
Measles post exposure prophylaxis (on advice of consultant only)  <a href="#">Immunoglobulin request form</a> to be completed and passed to pharmacy for screening between 10am-4pm pharmacy opening hours where possible.  Under Grey indication section: tick box to confirm approved – alternate Health Board process in place locally and state “measles” in other box for indication.  Human normal immunoglobulin (HNIG) may be accessed via NEDC during OOH period if urgently required.	Immunosuppressed adults: 0.15g/kg ideally within 72 hours of exposure (in some cases up to 6 days).  Please refer to <a href="#">UKHSA guidelines</a> for further information  For use in pregnancy or paediatrics, please refer to the relevant clinical team and see further information in <a href="#">Section 2.3.2 of the UKHSA guidelines</a>

### Dosing notes:

- For adults round dose to the nearest whole vial
- If patient **BMI  $\geq 30\text{kg/m}^2$  or actual weight  $>20\%$  over ideal body weight (IBW)** consider using adjusted body weight dosing. See [Ideal Body Weight table](#) and [Maximum Body Weight table](#).

Work out IBW then dose determining weight (DDW):

$$\text{DDW (kg)} = \text{IBW} + 0.4 (\text{Actual Body Weight} - \text{IBW})$$

If symptoms are not responding as expected consider switching to actual body weight dosing

- Refer to the individual product literature for guidance on administration

**References:**

Clinical Guidelines for Immunoglobulin Use, Department of Health, Second Edition Update Scotland, March 2012; [Scottish-guidelines-v2.pdf](#)

Commissioning Criteria Policy for the use of therapeutic immunoglobulin (Ig) England, 2021; [cpag-policy-for-therapeutic-immunoglobulin-2021-update.pdf \(england.nhs.uk\)](#)

[National measles guidelines April 2024 \(publishing.service.gov.uk\)](#) – accessed April 2024

[Guidelines on post exposure prophylaxis \(PEP\) for varicella or shingles \(October 2024\) - GOV.UK](#) – accessed October 2024

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