

IV dose and infusion rates for all 3 indications

INDICATION	DOSE	INITIAL INFUSION RATE	MAINTENANCE INFUSION RATE (IF COLICATED)
CIDP	Loading dose: 2 g/kg Maintenance dose: 1 g/kg	2 mg/kg/min (0.02 mL/kg/min)	0 mg/kg/min (0.06 mL/kg/min) Entry 2 weeks
PIDD	300-600 mg/kg	1 mg/kg/min (0.01 mL/kg/min)	0 mg/kg/min (0.06 mL/kg/min) Entry 2 weeks
ITP	2 g/kg	1 mg/kg/min (0.01 mL/kg/min)	0 mg/kg/min (0.06 mL/kg/min)

It is recommended that the initial infusion rate be used for the first 30 minutes. If well tolerated, the rate may be gradually increased to a maximum of 0.06 mL/kg per minute (0.6 mg/kg/min).
Certain severe adverse drug reactions may be related to the rate of infusion. Slowing or stopping the infusion usually allows the symptoms to disappear promptly. Ensure that patients with preexisting renal insufficiency are not volume depleted. Discontinue if renal function deteriorates.
For patients at risk of renal dysfunction or thromboembolic events, administer at the minimum infusion rate practicable.

SC dose and infusion rate for PIDD

INITIAL DOSE	MAXIMUM INFUSION RATE
1.5T g (50% of dose in 2 weeks) 50 mg/kg in 2 weeks	20 mL/kg/day

DO NOT ADMINISTER SUBCUTANEOUSLY FOR ITP AND CIDP PATIENTS



GAMUNEX-C
Immune globulin injection [human], 10% caprylate/chromatography purified

IV infusion rate calculations in mL (cc) per hour

PATIENT'S WEIGHT													
kg	lb	120	110	100	90	80	70	60	50	40	30	20	10
lb	kg	264	242	220	198	176	154	132	110	88	66	44	22
INFUSION RATE													
mL/kg/min	mL/kg/h												
0.01	0.6	72	64	60	54	48	42	36	30	24	18	12	6
0.02	1.2	144	128	120	108	96	84	72	60	48	36	24	12
0.03	1.8	216	192	180	162	144	126	108	90	72	54	36	18
0.04	2.4	288	256	240	216	192	168	144	120	96	72	48	24
0.05	3.0	360	320	300	270	240	210	180	150	120	90	60	30
0.06	3.6	432	384	360	324	288	252	216	180	144	108	72	36
0.07	4.2	504	448	420	378	336	294	252	210	168	126	84	42
0.08	4.8	576	512	480	432	384	336	288	240	192	144	96	48

A versatile IG treatment with 3 FDA-approved indications¹



Please see inside for Important Safety Information for GAMUNEX-C (Immune globulin injection [human], 10% caprylate/chromatography purified) and refer to accompanying full Prescribing Information for complete prescribing details.

Important Safety Information

GAMUNEX-C (Immune globulin injection [human], 10% caprylate/chromatography purified) is indicated for the treatment of primary humoral immunodeficiency disease (PID) in patients 2 years of age and older, idiopathic thrombocytopenic purpura (ITP), and chronic inflammatory demyelinating polyneuropathy (CIDP).

Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling central venous catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors. For patients at risk of thrombosis, administer GAMUNEX-C at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients being administered. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.
Renal dysfunction, acute renal failure, hemolytic uremia, and death have occurred with immune globulin intravenous (IVIg) products in predisposed patients. Patients predisposed to renal dysfunction include those with age, degree of proteinuria, renal insufficiency, diabetes mellitus, age greater than 65, volume overload, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IVIg and contain sodium sulfate. GAMUNEX-C does not contain sodium sulfate. For patients at risk of renal dysfunction or failure, administer GAMUNEX-C at the minimum concentration available and the minimum infusion rate practicable.

GAMUNEX-C is contraindicated in patients who have had an anaphylactic or severe systemic reaction to the administration of human immune globulin. It is contraindicated in IgA-deficient patients with antibodies against IgA and history of hypersensitivity. Severe hypersensitivity reactions may occur with IVIg products, including GAMUNEX-C. In case of hypersensitivity, discontinue GAMUNEX-C infusion immediately and institute appropriate treatment.
Monitor renal function, including blood urea nitrogen (BUN), serum creatinine, and urine output in patients at risk of developing acute renal dysfunction. Hypertension, increased serum viscosity, and hypohematocrit may occur in patients receiving IVIg treatment, including GAMUNEX-C.
There have been reports of noncardiogenic pulmonary edema (nonfusion-related acute lung injury [TRALI]), febrile reaction, and aseptic meningitis in patients administered with IVIg, including GAMUNEX-C.

The high-dose regimen (1g/kg x 1-2 days) is not recommended for individuals with expanded fluid volumes or where fluid volume may be a concern.
Because GAMUNEX-C is made from human blood, it may carry a risk of transmitting infectious agents, e.g., viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and theoretically the Creutzfeldt-Jakob disease (CJD) agent.
Do not administer GAMUNEX-C subcutaneously in patients with ITP because of the risk of hemolytic thrombosis.
Periodic monitoring of renal function and urine output is particularly important in patients judged to be at increased risk of developing acute renal failure. Assess renal function, including measurement of BUN and serum creatinine, before the initial infusion of GAMUNEX-C and at appropriate intervals thereafter.
Consider baseline assessment of blood viscosity in patients at risk for hyperviscosity, including those with cryoglobulins, fasting chylomicronemia, markedly high triglycerides (triglycerides), or monoclonal gammopathies, because of the potentially increased risk of thrombosis.
If bleeding or symptoms of hemolysis are present after an infusion of GAMUNEX-C, perform appropriate laboratory testing for confirmation.
If TRALI is suspected, perform appropriate tests for the presence of antineutrophil antibodies and anti-PLA₂ antibodies in both the product and patient's serum.
After infusion of IgG, the transfusing rate of the various passively transferred antibodies in the patient's blood may yield positive serological testing results, with the potential for misleading interpretation.
In clinical studies, the most common adverse reactions with GAMUNEX-C were headache, fever, chills, hypertension, rash, nausea, and arthralgia. In CIDP, headache, chills, fever, chills, hypertension, rash, nausea, and arthralgia were also seen. In ITP and infusion-related reactions, headache, influenza, fatigue, arthralgia, and back pain were also seen. In PIDD, headache, vomiting, fever, nausea, back pain, and rash (in ITP).
The most serious adverse reactions in clinical studies were pulmonary embolism (PE) in 1 subject with a history of PE on CIDP, an exacerbation of autoimmune pure red cell aplasia in 1 subject on PIDD, and myocarditis in 1 subject that occurred 50 days post-drug infusion and was not considered drug related on ITP.
Please see accompanying GAMUNEX-C full Prescribing Information for complete prescribing details.

Reference: 1. GAMUNEX-C (Immune globulin injection [human], 10% caprylate/chromatography purified) Prescribing Information, Grifols, 2020.

Baxter Infusion Rate Guide

Scott C. Dulebohn

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the author's name.

Baxter Infusion Rate Guide:

Illustrated Manual of Nursing Practice, 2002 Completely revised and updated this broad yet comprehensive edition contains twenty nine chapters on nursing issues and clinical practice Topics cover practice and process documentation legal issues health promotion physical assessment I V therapy surgical care and more Disorders are organized by body system and feature an overview of anatomy and physiology assessment diagnostic tests medication treatment and home care with coverage of care for maternal neonatal pediatric geriatric emergency and psychiatric patients Added features include grabbing nursing procedure graphics complementary therapies clinical pathways and cultural information Over 1 000 illustrations charts and graphs enhance the text with a new appendix relating Internet sites for nurses

UCL Hospitals Injectable Medicines Administration Guide University College London Hospitals, 2013-07-19 I would definitely recommend this book to all staff with an interest and involvement in intravenous drug therapy The Pharmaceutical Journal There is no doubt that nurses will find this small book useful It should be available for consultation in any clinical area where drugs are administered to patients by the injectable routes Journal of Clinical Nursing The safe administration of injectable medicines is key to patient safety The NPSA recognises the use of injectable medicines is a high risk activity and recommends written information about injectables to be available at the point of preparation The UCL Hospitals Injectable Medicines Administration Guide is a practical accessible guide covering many important aspects of administering medicines by injection It provides clear concise information on the preparation and administration of over 245 injectable medicines for adults paediatrics and neonates It is an essential resource for nurses and other healthcare professionals it provides the key information and advice needed for the safe and effective administration of injectable medicines The Guide s introductory section provides a concise yet comprehensive overview of injectable therapy including the risks and benefits of IV administration infusion devices and pharmaceutical aspects of injectable therapy For each drug the alphabetically tabulated monographs provide A practical method of preparation and administration via the IV IM and SC routes with risk reduction in mind at every step Expert advice from the team of specialist pharmacists at UCLH to ensure safe and pragmatic use of each medicine Monitoring advice for the management of reactions that may occur during administration Y site and syringe driver compatibility data Minimum infusion volume data for fluid restricted patients Extravasation warnings pH sodium content displacement values stability and flush data New to this edition 40 new monographs including recently marketed unlicensed rarely used and specialist medicines Detailed advice for the administration of high risk medicines such as heparin with access to UCLH s medicine related guidelines at www.wiley.com/go/UCLH A colour coded NPSA risk assessment for every mode of administration for every medicine to highlight the safest method of administration A user guide and tutorial to give new readers confidence in using and understanding the Guide Revised chapters on administration methods and devices aseptic non touch technique and latex allergy Fully revised and expanded Y site compatibility section Spiral binding to allow

the book to be left open at the relevant page The Guide is also available electronically at www.uclhguide.com **Turning Point Nursing Competitive Exam Guide (MCQs with Rationale Including IBQs & CBQs)** M. L Choudhary, 2025-01-18

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Joint Trauma System (JTS) Clinical Practice Guidelines , Over 700 total pages The JTS Clinical Practice Guidelines CPGs are to the greatest extent possible evidence based The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data If you are interested in learning more about the process of developing CPGs please click this link [CPG Development Process](#) This guide for CPG development will help lead you through the methods used to develop and monitor CPGs The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process

COMPLETE LIST OF CURRENT JTS CPGs

JTS CPG Documentation Process 01 December 2017 Acute Extremity Compartment Syndrome Fasciotomy 25 July 2016 Acute Respiratory Failure 23 January 2017 Airway Management of Traumatic Injuries 17 July 2017 Amputation 1 July 2016 Anesthesia 23 Jun 2016 pdf Aural Blast Injury Acoustic Trauma and Hearing Loss 12 Aug 2016 Battle Non Battle Injury Documentation Resuscitation Record 5 Dec 13 Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination 12 August 2016 Burn Care 11 May 2016 Catastrophic Non Survivable Brain Injury 27 Jan 2017 Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting 05 August 2016 Clinical Mgmt of Military Working Dogs Combined 19 Mar 2012 Clinical Mgmt of Military Working Dogs Zip 19 Mar 2012 zip Damage Control Resuscitation 03 Feb 2017 DCoE Concussion Management Algorithm Cards pdf DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting Drowning Management 27 October 2017 Emergent Resuscitative Thoracotomy 11 June 2012 Fresh Whole Blood Transfusion 24 Oct 12 Frostbite and Immersion Foot Care 26 Jan 2017 Frozen Blood 11 July 2016 High Bilateral Amputations and Dismounted Complex Blast Injury 01 August 2016 Hyperkalemia and Dialysis in the Deployed Setting 24 January 2017 Hypothermia Prevention 20 Sept 2012 Infection Prevention in Combat Related Injuries 08 August 2016 Inhalation Injury and Toxic Industrial Chemical Exposure 25 July 2016 Initial Care of Ocular and Adnexal Injuries 24 Nov 2014 Intratheater Transfer and Transport 19 Nov 2008 Invasive Fungal Infection in War Wounds 04 August 2016 Management of Pain Anxiety and Delirium 13 March 2017 Management of War Wounds 25 April 2012 Neurosurgery and Severe Head Injury 02 March 2017 Nutritional Support Using Enteral and Parenteral Methods 04 August 2016

Orthopaedic Trauma Extremity Fractures 15 July 2016 Pelvic Fracture Care 15 March 2017 Prehospital Care 24 Nov 2014 Prevention of Deep Venous Thrombosis Inferior Vena Cava Filter 02 August 2016 Radiology 13 March 2017 REBOA for Hemorrhagic Shock 06 July 2017 Unexploded Ordnance Management 14 Mar 2017 Urologic Trauma Management 1 Nov 2017 Use of Electronic Documentation 5 Jun 2012 Use of MRI in Mgmt of mTBI in the Deployed Setting 11 June 2012 Vascular Injury 12 August 2016 Ventilator Associated Pneumonia 17 Jul 2012 **2018 Joint Trauma System (JTS)**

Clinical Practice Guidelines (CPGs) & DOD TRAUMA REGISTRY DATA DICTIONARY For Military and Civilian Health Care Practitioners, 2018-10-09 Almost 1 000 total pages see index at beginning of publications for a complete list of included CPGs Each CPG includes a section on the following 1 GOAL 2 BACKGROUND 3 EVALUATION 4 TREATMENT 5 PERFORMANCE IMPROVEMENT PI MONITORING 6 SYSTEM REPORTING reduced burn morbidity and mortality near elimination of extremity compartment syndrome better patient care documentation and improved communication across the spectrum of care between geographically dispersed facilities CPGs are evidence based and developed with experts in the military and civilian communities deployed clinicians Service trauma surgical consultants JTS leadership and formerly deployed Trauma Directors and Coordinators JTS has a formalized process for developing reviewing updating and approving CPGs The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility CPGs were developed originally for U S Central Command However collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs

INTRODUCTION TO THE JOINT TRAUMA SYSTEM JTS The Joint Trauma System JTS is the Department of Defense DoD authority for the military s trauma care system The vision of the Joint Trauma System is that every Soldier Sailor Marine and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery To achieve this vision in 2006 the JTS implemented programs for data driven trauma system development and improvement in addition to the collection of trauma data As part of its data collection efforts the JTS maintains a registry of trauma patients who received care at medical treatment facilities MTFs Since 2007 this registry known as the DoD Trauma Registry DoDTR has documented demographic injury treatment and outcomes data for all trauma patients admitted to any DoD MTF regardless of whether the injury occurred during on going military operations and is the largest military trauma data source in the world Development of the DoDTR began during the early years of the Global War on Terror GWoT when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry known then as the Combat Trauma Registry CTR The CTR was constructed by the Center for AMEDD Strategic Studies CASS trauma related information was initially abstracted into it from paper medical records received from trauma nurse coordinators TNCs at Landstuhl Regional Medical Center LRMC in Germany Shortly after the demonstration program started the Army Surgeon General approved its transition to an operational mode leading to the formation of the Joint Theater Trauma System JTTS and eventually the Joint

Trauma System JTS Manual for Pharmacy Technicians Bonnie S. Bachenheimer, 2010-09-10 The trusted training resource for pharmacy technicians at all levels The role of pharmacy technicians is rapidly expanding and demand for well trained technicians has never been higher Technicians are assuming more responsibilities and are taking on greater leadership roles Quality training material is increasingly important for new technicians entering the field and current technicians looking to advance Look no further than the new 4th edition of the best selling Manual for Pharmacy Technicians to master the practical skills and gain the foundational knowledge all technicians need to be successful NEW chapters cover the latest essentials Specialty Pharmacy Practice Communication and Teamwork Billing and Reimbursement Durable and Nondurable Medical Equipment Devices and Supplies NEW features include Full color design photos and illustrations enhance learning Rx for Success boxes share tips to help techs excel on the job Technology Topics highlight the latest in automation technical areas Safety First features provide critical advice for enhancing safety reducing errors Bolded key terms defined in chapter level glossaries Streamlined contents divide book into 4 simple parts introduction to pharmacy practice foundation knowledge and skills practice basics and business applications Expanded self assessment questions and calculations content Alone or with the new edition of the Pharmacy Technician Certification Review and Practice Exam the Manual for Pharmacy Technicians 4th Edition offers pharmacy technicians the most relevant authoritative easy to use guide in the field Want more exercises and practice Look for the NEW Workbook for the Manual for Pharmacy Technicians *U.S. ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES (2023-2024)* U.S. Army ,2022-12-31 CONTENTS 1 U S ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY23 Version Published January 2023 318 pages 2 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 3 JTS Clinical Practice Guidelines 2 260 total pages current as of 19 September 2023 INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical

directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director and or supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient's condition than the guideline should be provided by the physician as long as the CCFP scope of practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

Anesthesia, An Issue of Oral and Maxillofacial Surgery Clinics of North America David W. Todd, Robert C. Bosack, 2018-04-20 This issue of Oral and Maxillofacial Surgery Clinics of North America focuses on Anesthesia and is edited by Drs David W Todd and Robert C Bosack Articles will include When a bad day happens to the oral surgeon the EMS interface Preoperative evaluation and patient selection for office based oral surgery anesthesia Assistant training for anesthetic emergencies Anesthetic agents for the oral surgeon The failed sedation solutions for the oral surgeon Anesthesia for the pediatric oral surgery patient Closed airway office based anesthesia for the oral surgeon Oral surgery patient safety concepts in anesthesia AAOMS Simulation Program Increasing Anesthesia Team Competency Airway management for the oral surgeon patient Anesthetic pump techniques vs the Intermittent bolus What the oral surgeon needs to know and more

[Manual of Veterinary Transfusion Medicine and Blood Banking](#) Kenichiro Yagi, Marie Holowaychuk, 2016-09-06 Das Manual of Veterinary Transfusion Medicine and Blood Banking bietet mit seinem praxisorientierten Ansatz jedem Veterinärmediziner evidenzbasierte Leitlinien für die klinische Praxis Liefert evidenzbasierte Informationen zu Verfahren in der Transfusionsmedizin und bei Blutbanken Umfasst Kapitel zum Screening von Transfusionsempfängern zur Auswahl von Spendern zur Blutentnahme und Lagerung sowie darüber wie die Nachfrage nach Blut erfüllt wird Beinhaltet nützliche Transfusions und Blutbankprotokolle die für die klinische Praxis relevant sind Ausgewogene Inhalte aus Sicht von Veterinärmediziner und Veterinärtechnikern Mit Informationen zu Groß- und Kleintieren sowie Exoten

Introduction to Acute and Ambulatory Care Pharmacy Practice David A. Holdford, 2017-06-30 Learn How to Thrive in Today's Institutional Pharmacy Practice Landscape With ASHP's Introduction to

Acute and Ambulatory Care Pharmacy Practice Second Edition pharmacy students and technicians can gain a professional head start by learning essential vocabulary legal and regulatory issues and the core clinical and administrative pharmacy operations in various practice settings It is also a useful reference for new practitioners and anyone else interested in institutional pharmacy s current financial technological and distributional systems Written by David A Holdford RPh MS PhD FAPhA with additional content from 27 leading experts the second edition provides a thorough introduction to all aspects of the institutional pharmacy practice in both hospital and outpatient settings with a special focus on the developing role of technicians It has been thoroughly updated to cover all current developments and is clearly written with Key Facts What Ifs and other learning enhancements that make terms concepts and processes easy to understand and apply The Only Comprehensive Introductory Guide Updated and Expanded Two new and 18 updated chapters cover topics including Key legal and regulatory issues Managing medication use and distribution Professional terminology Technology and automation Financial management inventory and cost control Sterile product preparation and administration Managing people and leadership Careers and training options The expanding role of pharmacy technicians Along with an understanding of the workings of institutional practice students and new pharmacists can acquire the terminology that enables them to speak knowledgeably along with insight into professional opportunities including some non traditional ones

Embracing the Song of Expression: An Psychological Symphony within **Baxter Infusion Rate Guide**

In some sort of eaten by screens and the ceaseless chatter of instant connection, the melodic elegance and emotional symphony developed by the published word frequently diminish into the backdrop, eclipsed by the relentless sound and disturbances that permeate our lives. But, nestled within the pages of **Baxter Infusion Rate Guide** a stunning fictional treasure overflowing with raw thoughts, lies an immersive symphony waiting to be embraced. Constructed by an outstanding musician of language, this charming masterpiece conducts visitors on a psychological trip, well unraveling the hidden songs and profound influence resonating within each cautiously crafted phrase. Within the depths of the moving review, we shall examine the book is central harmonies, analyze its enthralling writing style, and surrender ourselves to the profound resonance that echoes in the depths of readers souls.

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