### PURPOSE
To provide guidelines for the administration of RH Immune Globulin (RhIG) via intramuscular injection.

### SITE APPLICABILITY
BC Women’s Hospital and Health Centre

### EQUIPMENT
- Woman’s chart with order for Rhesus Immune Globulin (RhIG)
- Consent for Rhesus Immune Globulin in Pregnancy
- Identification band
- Personal Protective Equipment (PPE)
- Chlorhexidine/alcohol swabs
- Appropriate-sized needle
- Dry gauze pad
- Band aid

From Transfusion Medicine Laboratory
- RhIG
- Transfusion tag
- Transfusion record

### PRE-ADMINISTRATION

<table>
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<tr>
<th>PROCEDURE</th>
<th>RATIONALE</th>
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<tr>
<td><strong>1. ENSURE</strong> order for RhIG exists.</td>
<td>A RM or Dr can order RhIG.</td>
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<tr>
<td><strong>2. ENSURE</strong> that informed consent for RhIG administration is complete. Form 94239.</td>
<td>Informed Consent is required by law for the administration of RhIG.</td>
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</table>
| **3. CHECK** the woman’s Rh status. **Note:**  
  - The woman’s Rh status must be documented.  
  - No pre-administration sample required. | To ensure that the Right Woman receives the Right Product. |
| **4. REFER** to TR.05.07 RhIG Fact sheet in Medworxx for additional information on RhIG. | |
| **5. SEND** the Blood Component/ Derivative/Factor Concentrate Request form to TML. | To avoid unnecessary delay in administration of the RhIG. |
| **6. ENSURE** that the woman is aware of the RhIG administration. **Explain** procedure to woman. | Allows the woman to prepare for the procedure. |
| **7. ENSURE** that an identification band in place. **No Identification (ID) Band, No RhIG** | RhIG should not be administered to women who lack positive identification. |
| **8. Arrange for the TRANSPORT of RhIG. Complete the Blood Release Request Form.** | Ensure that the person transporting the RhIG obtains the right product for the right woman. |
| **9. ADMINISTER** the RhIG promptly. **Note:**  
  - If a decision is made not to administer the RhIG, return the product to TML immediately.  
  - Never store RhIG in unapproved fridges such as medication fridges. | To avoid unnecessary wastage. |
| **10. PERFORM** the pre administration check. **Note:**  
  - The pre-administration check must be completed prior to preparation of the RhIG by **two health care providers (RN/RM/MD)**, with required competencies, one of whom shall administer the product. | To ensure that the Right Woman receives the Right Product. |
**Initial check:**

**Visual Inspection:**
The integrity of the RhIG product is checked for:
- Leaking or tampered cap
- Cloudiness or turbidity
- Particles

⚠️ **RhIG that appears abnormal should not be administered without further investigation.**
Contact TML @ 7388 for an explanation of abnormal appearance.

CONFIRM that Informed Consent has been obtained.

**Compare the woman’s unique identifiers:**
- First and last name
- DOB
- MRUN
- Front sheet of the woman’s chart
- Blood product order
- Product Tag
- Transfusion record

**Check the RhIG order for:**
- Specific blood product e.g. RhIG
- Dose in micrograms-mcg or international units-IU
- Route of administration
- Date of administration

The **information** on the **label** on RhIG (lot numbers), the **product tag** & the **transfusion record** must **match**. **Compare** details on the RhIG label, the product tag and transfusion record.

**Woman’s unique identifiers:**
- First & last name
- DOB
- MRUN

**Product information:**
- Lot number(s)
- Dose in mcg or IU
- Expiry date

⚠️ **Check for any TML comments**

**Final check in the presence of the woman**

1. Ask the woman, where possible, to state her full name and date of birth and compare to the ID band.

2. **Compare the woman’s unique identifiers:**
   - First and last name
   - DOB
   - MRUN
   - With the woman’s unique identifiers:
     - ID band
     - Product Tag

⚠️ **If you find any discrepancies DO NOT proceed.**
Contact TML @ 7388 immediately.

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To detect any abnormalities that may indicate that the administration should not proceed.

Consent is required for the administration of RhIG.

The woman must be properly identified prior to RhIG administration.

To ensure that you are aware of the correct dosage etc. that has been ordered for the woman.

To ensure that the information on the RhIG label, product tag & transfusion record is identical.

To ensure that the product has not expired.

The majority of transfusion-associated mortality is due to patients receiving the wrong product, or product intended for another patient. The bedside check is a vital step in preventing serious administration error. Vigilance in checking to ensure that the right product is given to the right patient is mandatory.

If this product is not the intended product for your patient another patient may be at risk i.e. another patient may be about to receive the wrong product.
11. **DOCUMENT** the checking procedure by signing the transfusion record.

**Record:**
- Signature of both staff members who carried out the pre administration check
- Date of transfusion
- Start time

To confirm that the pre administration checking procedure has been completed.

### ADMINISTRATION PROCEDURE

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<tr>
<th>Procedure</th>
<th>Rationale</th>
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| 12. Immediately after the verification checks have been completed **ADMINISTER** the RhIG.  
- Prepare RhIG for injection using aseptic technique.  
- Inject slowly.  
- For larger volumes, administer into several sites. | **Rationale**  
To minimize harm.  
To keep the vein open.  
To seek direction for management of the reaction.  
To ensure correct procedure is followed.  
To report the reaction |
| 13. In the event of a suspected reaction:  
- **STOP** immediately  
- **Reassess** vital signs  
- **Reconfirm** unique identifiers on the woman’s ID band and the RhIG.  
- **Seek** assistance and **notify** physician.  
- **Refer** to TR.07.01 Transfusion Reaction Procedure & TR.07.02 Quick Reference guide and **complete** the Transfusion Reaction Report Form (00055606) | **Rationale**  
To ensure correct procedure is followed.  
To report the reaction |
| 14. **Instruct** the woman to inform an RN/RM if they experience:  
- Swelling at injection site  
- Fever  
- Hives and / or itching | **Rationale**  
Women will be aware of the:  
- Signs & symptoms of a reaction  
- Actions to take should they experience a reaction |
| 15. **DISCARD** syringe in biohazard container. | **Universal precautions.** |
| 16. **DOCUMENT**  
**Complete the transfusion record:**  
- Volume infused  
- End time  
- Transfusion reaction noted: yes or no  
**Complete the product tag:**  
- Date/Time transfused  
- Transfused by  
- Transfusion reaction noted: yes or no  
**Record in woman’s chart:**  
- Response to injection  
- If an adverse reaction occurred record all signs & symptoms experienced by the woman. | **Rationale**  
At the time of the administration the woman’s medical chart shall be updated. |
| 17. **FILE** transfusion record in woman’s chart. | **To ensure full traceability of the product.** |
| 18. **GIVE** the woman the patient notification tag section of the product tag. The notification tag may be filed in the woman’s chart and given to the woman at discharge. | **All women who receive RhIG should receive notification in writing.** |
| 19. **RETURN** the completed product tag to TML. | **To ensure full traceability of the product.** |
20. For women who are admitted **OBSERVE** for signs & symptoms of a reaction post administration.  
   Reactions can occur post RhIG administration.

| For women in ambulatory care setting, **REVIEW** post administration care. **DISCHARGE** when clinically stable. | Women should be aware of the potential of reactions and post administration care. |

**REFERENCES**


TR.05.07 RhIG Fact sheet: [http://bccwhcms.medworxx.com/Site_Published/bcc/PolicyManualView.aspx](http://bccwhcms.medworxx.com/Site_Published/bcc/PolicyManualView.aspx)

Product monograph WinRho, Cangene Corp, December 2010. Retrieved from: