WinRho SDF

TRANSFUSION MEDICINE SERVICES

OTHER NAMES	CLASSIFICATION	ALERTS
IMIG/IVIG Anti D IG	Immunglobin	Contains human plasma

PREPARATION and ADMINISTRATION

Reconstitution None.

WinRho is a sterile solution of immune globulin for intramuscular or intravenous injection. The final liquid product formulation is stabilized with 10% maltose and 0.03% (w/w) polysorbate 80.
Do not use product that appears cloudy or contains deposits.

Intramuscular Injection

Administer intramuscularly, preferably in the anterolateral aspects of the upper thigh and the deltoid muscle of the upper arm.

The gluteal region should not be used routinely as an injection site because of the risk of injury to the sciatic nerve.

Doses can be divided and injected into several muscle sites to reduce local pain and discomfort.

NOTE: The deltoid muscle is only suitable for volumes up to 2.0 mL.

IV Direct

a) Intravenous administration when an existing intravenous line is in place:
- Ensure intravenous patency
- Clamp off i.v. tubing just above lowest port, and using aseptic technique enter lowest port to flush with normal saline both before and after administering WinRho®SDF Liquid.

b) Intravenous administration without an intravenous line in place:
Intravenous administration of WinRho®SDF Liquid is a competency for which nurses require special education and confirmation of their skills. Please check with your institution and read the product insert. For more information refer to the website https://winrho.com/canada.php
Aseptically administer the product intravenously in a suitable vein with a rate of injection of **1.3 mL** (1,500 international units or 300 mcg) **over 5 to 15 seconds**

Requirements and Monitoring

Pre and post injection vitals Following intramuscular (IM) or intravenous (IV) administration, patients should be kept under observation for at least 15-30 minutes for monitoring of potential adverse effects.

Blood pressure via cuff or arterial line
Temperature
Heart Rate
Respirations
Lung sounds in non-verbal, non-oriented or pediatric patients and patients with CHF or pulmonary dysfunction

Keep unopened back up bag of NS and standard IV tubing nearby for prompt response if an adverse event (AE) occurs.

INDICATIONS

Pregnancy and Other Obstetric Conditions

Indicated for the prevention of Rh immunization in Rho (D) negative mothers not previously sensitized to the Rho (D) factor. WinRho SDF is recommended for prevention of Rh immunization of Rho (D) negative women at risk of developing Rh antibodies.

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Transfusion

WinRho SDF is recommended to prevent alloimmunization in Rho (D) negative female children and female adults in their child-bearing years transfused with Rho (D) positive RBCs or blood components with Rho (D) positive RBCs.

Immune Thrombocytopenic Purpura (ITP)

Recommended in the treatment of destructive thrombocytopenia of an immune etiology in situations where platelet counts must be increased to control bleeding. The effect is not curative but is transient; platelet counts are usually elevated from several days to several weeks.

ADVERSE EFFECTS

Adverse reactions may include: Allergic-type hypersensitivity reactions including anaphylaxis have been reported and have manifested as pruritus, rash, urticaria, local site reactions, hives, facial swelling, dizziness, hypotension, nausea, chest discomfort, cough, dyspnea, wheezing, flushing, discomfort (generalized) and fatigue.

If an AE is suspected: Consult the authorized prescriber (AP) for medical management. Notify the TM lab of a suspected reaction.

- Review the product lot number, TM tag and patient ID to rule out a verification (clerical) error and that the expiry date and time has not passed.
- Ensure TM tag, along with a copy of the documented clinical data and interventions are sent to TM lab if an adverse event occurs.

Note: AP may require blood work

DOSAGE

As WinRho SDF has one principle unit of measure (international units) and has historically had another (micrograms, mcg), authorized prescribers must use the appropriate unit of measure to determine the amount of WinRho SDF administered.

See product monograph for recommended dosing and dosage adjustments.

Note: The recommended dose for WinRho SDF following obstetric complications in Nova Scotia may vary from the product monograph. The guidelines developed by the Rh Program are supported by the SOGC guidelines for the Prevention of Rh Alloimmunization No. 133 (reaffirmed January 2018). Please visit the Rh Program of Nova Scotia website for details. https://rcp.nshealth.ca/rh

COMPATIBILITY, STABILITY

- Single use vials. Do not use past expire date
- Do not dilute
- Protect vials from light
- Do not store unused vials in refrigerator. Administer at room temperature

DOSAGE FORMS

- Supplied by Transfusion Medicine

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MISCELLANEOUS

- Informed consent is required for blood products and shall be obtained by a physician, nurse practitioner or midwife prior to administration. Consent is valid for the remainder of the pregnancy and postpartum period.
- Always verify Rh (D-antigen) negative status and recent antibody screen (within 14 days, local facility requirements may differ) prior to administration of WinRho.
- If required: blood sample for antibody screen needs to be obtained **prior** to administration of WinRho.

RECONSTITUTION

- Not applicable

REFERENCES

- CL-BP-030, IWK-625 Blood Component and Blood Product Administration - Policy and Procedure
- WinRho product monograph. Found at https://www.kamada.com/products/?productType=0&productArea=0
- Rh Program of NS https://rcp.nshealth.ca/sites/default/files/rh/How%20to%20admin%20WinRho_%2019Jul2021rev.pdf