



**10% IVIG Infusion Rate Table - Adult**

- Infusion rate or use of the infusion rate table should be specified by the MRHP after patient assessment.
- **Maximum** infusion rates at specific intervals **should not be exceeded**.
- Slower infusions will diminish rate-related symptoms such as headache, shivering, HR and BP changes.
- Assess the patient with each rate change. Nursing staff may revert to a previously tolerated rate if the patient demonstrates symptoms. If symptoms resolve with rate decrease, a transfusion reaction investigation is not required.



\*\* High infusion rates **should not** be used for patients at risk for renal impairment, elderly patients, or those with a history of hypertension, cardiovascular disease, previous thrombotic events or dehydration as they are at increased risk of thrombus formation.

Rate calculation: Rate (mL/h) = Pt Weight (kg) x Desired Rate (mL/kg/h) = mL/h

Pt Weight (kg)	Initial Rate:	Then:	Then:	Then: <b>MAXIMUM rate if:</b> <ul style="list-style-type: none"> <li>• Initial IVIG treatment</li> <li>• More than 8 weeks since last IVIG treatment</li> <li>• Different IVIG brand than last IVIG treatment</li> <li>• Patients with renal impairment, risk of thrombus or &gt; 65 years</li> </ul>	Then: Only if increasing to 8 mL/kg/h	Then: <b>MAXIMUM rate if:</b> <ul style="list-style-type: none"> <li>• Less than 8 weeks since last IVIG treatment, and</li> <li>• 6 mL/kg/h tolerated for 30 min</li> </ul>
	0.5mL/kg/h X 15 min	1.5 mL/kg/h X 15 min	3 mL/kg/h X 30 min	5 mL/kg/h** for remainder of infusion	6 mL/kg/h X 30 min	8 mL/kg/h** for remainder of infusion
25	12.5	37.5	75	125	150	200
30	15	45	90	150	180	240
35	17.5	52.5	105	175	210	280
40	20	60	120	200	240	320
45	23	68	135	225	270	360
50	25	75	150	250	300	400
55	28	83	165	275	330	440
60	30	90	180	300	360	480
65	33	98	195	325	390	520
70	35	105	210	350	420	560
75	38	113	225	375	450	600
80	40	120	240	400	480	640
85	43	128	255	425	510	680
90	45	135	270	450	540	720
95	48	143	285	475	570	760
≥100	50	150	300	500	600	800

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