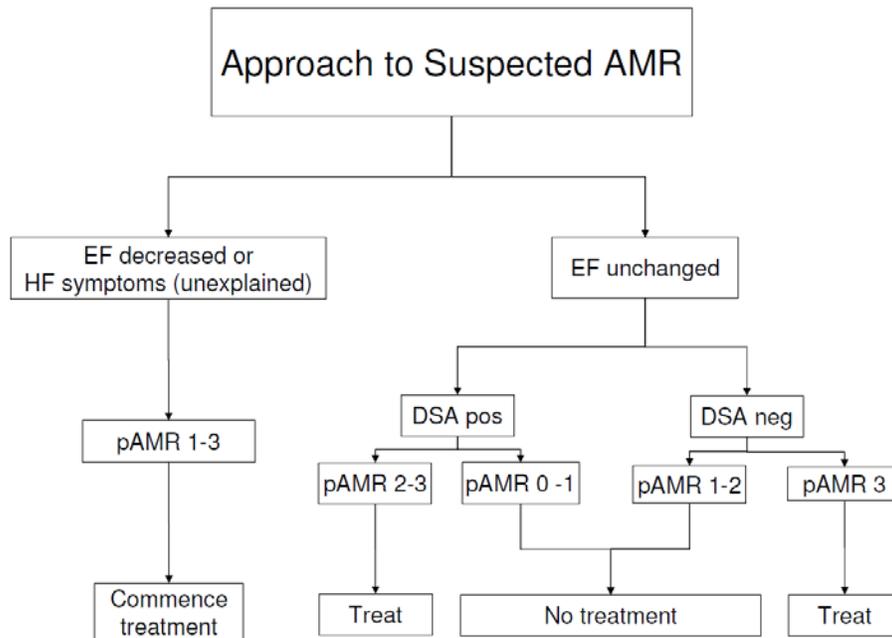


6.6 Antibody Mediated Rejection



6.6.1 Antibody Mediated Rejection (AMR) Treatment

6.6.1.1 In Hospital AMR Treatment

HEART TRANSPLANT ANTIBODY MEDIATED REJECTION (AMR) ORDERS

(Items with check boxes must be selected to be ordered)

Page 1 of 1

ADMISSION: 48 HOURS PRIOR TO COMMENCING PLEX TREATMENT:

MD to use AMR Planning and Summary Flowsheet (HH154) to communicate plan.

Consult Nephrology Consult Team to set up PLEX

Cytotoxic antibody screen (CAS) – Donor Specific Antibodies (if not done in last month)

Rituximab to be administered as per completed RITUXIMAB INFUSION FOR BIOPSY PROVEN ANTIBODY MEDIATED TRANSPLANT REJECTION ORDERS (PH249). If not possible to give 48 hours before, administer immediately after first PLEX

MEDICATIONS: methylPREDNISolone sodium succinate 500 mg daily IV x 3 days
cotrimoxazole 400-80 mg PO daily for 6 months after last treatment

TREATMENT: Nephrology Consult Team to arrange for PLEX every second day x 5 runs on the following dates:

PLEX 1 date: _____

PLEX 2 date: _____

PLEX 3 date: _____

PLEX 4 date: _____

PLEX 5 date: _____

After PLEX 1, 2, 3 and 4:

IVIg _____ (0.1 g/kg) IV after each PLEX run

After PLEX 5:

Draw bloodwork for: CAS (Donor Specific Antibodies)

CBC

CD19/20 (use 'add test' option in SCM)

IVIg _____ (0.1 g/kg) IV; administer only after CAS has been drawn

Printed Name

Signature

College ID

Contact Number

5 (R. Aug 15-17)

ALL NEW ORDERS MUST BE FLAGGED

6.6.1.2 Ongoing Outpatient AMR Treatment

INTRAVENOUS IMMUNE GLOBULIN (IVIG) – HEART TRANSPLANT OUTPATIENT

(Items with check boxes must be selected to be ordered)

(Page 1 of 1)

CLINICAL INDICATION FOR IVIG: Antibody mediated rejection

Weight: _____ kg

IV access (peripheral or central)

MEDICATIONS: acetaminophen 650 mg PO/PR for fever/headache 30 minutes prior to IVIG x 1 dose
diphenhydramine 25 mg PO/IV for itchiness/rash 30 minutes prior to IVIG x 1 dose
hydrocortisone 100 mg IV for itchiness/rash 30 minutes prior to IVIG x 1 dose

INTRAVENOUS: Pre transfusion: sodium chloride 0.9% IV 500 mL bolus
 Post transfusion: sodium chloride 0.9% IV 500 mL bolus

Intravenous Immune Globulin (IVIG):

Enter IVIG order in SCM prior to each appointment

Administer IVIG 1g/kg _____g as per MSSU protocol monthly x 3 months

Infuse the adjusted amount supplied by Transfusion Medicine to complete the order. Adjusted dose will be noted on the transfusion record.

Administer as per NCS Intravenous Immunoglobulin (IVIG): Patient Care and Administration (Use Adult IVIG Infusion Rate Table)

In case of reaction:

STOP Transfusion; disconnect IVIG and connect to new IV line primed with D5W

Infuse with D5W TKVO

Notify physician

Monitor vital signs Q5 minutes until stable

Refer to Blood/Blood Products: Transfusion Reaction Identification and Management (NCS6327) and Quick Reference Guide - Response to Transfusion Reaction (PHC-LA081a)

Resume infusion as per physician's orders

Complete Transfusion Reaction Report (PHC-LA081)

FOLLOW-UP: Rebook patient every month until a total of 3 doses of above have been completed.

DISCHARGE: Discharge patient after completion of total dose if no signs or symptoms of transfusion reaction

Printed Name

Signature

College ID

Contact Number

(jan 18)

ALL NEW ORDERS MUST BE FLAGGED

6.6.1.3 After Initial AMR Treatment

If 50% drop in DSA MFI not seen following treatment, a second round of Section 6.6.1.1 and 6.6.1.2 could be considered.

Additional Rituximab dosing should be considered if no drop in CD 19/20 result.

If second round does not demonstrate a 50% drop in DSA MFI, discussion with the team should occur, with creation of an individualized treatment plan that should be documented on the patient biography outlining frequency of surveillance and what action is required.

In the long term, for all AMR patients, once initial round is completed, continue IVIG at 1g/kg which may be divided into 2 doses over 2 days if necessary monthly x 3. Clinic RN to use PH694 order set for Medical Short Stay instructions.

Reviewed by Dr. Anson Cheung and Approved November 2017. 

Reviewed by Dr. Mustafa Toma and Approved November 2017. 