Dose Change Requests

If a dose and/or product change is required, a request can be submitted through a patient’s **Current Authorisation** on the **Patient Record** page. BloodSTAR will prompt an Authoriser to review and action, as per the existing process.

In the scenario a **different product** than what has been allocated in BloodSTAR is requested, a **clinically valid reason** must be provided. A request for a different product is closely reviewed by Lifeblood Authorisers and may not be approved if clinical justification is not provided.

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| **Requesting a Dose Change** |
| 1. From either the home page, **My Authorised Patients,** or **Authorisation Requests,** select the patient that requires the change. Under the **Patient** column, select the patient’s name. |
| 1. Scroll down to view the details in **Current Authorisation** and under **Regimen,** locate dose to be changed. Under the **Action** column, select **+ Request Change.** |
| 1. On the Dose Change Request Form, select the **Urgency** in the drop-down box.      |  |  | | --- | --- | | Icon  Description automatically generated | **Please note:** If the urgency is *Emergency*, it must be accompanied by a phone call to Lifeblood on the relevant phone number provided. | |
| 1. In the **Dose** section, enter in all the mandatory fields with the new proposed changes.  |  |  | | --- | --- | | Icon  Description automatically generated | **Please note:** the system will display the patients Last Recorded Weight if there was a previous authorisation request. | |
| 1. Once complete, enter in mandatory fields in Submission including **Reason for Dose Change**, contact details and ticking the box to indicate all information submitted is accurate and true. Select **Submit**. |
| 1. The request will be sent to Lifeblood Authorisers for review.  |  |  | | --- | --- | | Icon  Description automatically generated | **Please note:** For urgent approval, call Lifeblood Authorisers on 1300 707 755. | |
| 1. Once assessed, the outcome will be displayed in **BloodSTAR Messages**. |

**Type of Dose Changes**

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| **Change of Infusion Method** |
| If the reason is to change the patient’s infusion method, i.e., IVIg to SCIg or SCIg to IVIg, tick the check box displayed below and proceed to the **Dose** section.  **IVIg to SCIg:**    **SCIg to IVIg:** |

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| **Change in Product Type** |
| To change the allocated product, tick the box **Request a different product.** |
| A yellow alert will pop-up allowing the option to select the **Preferred Product** in the drop-down box and a reason provided for the change.  Note: The reason must be clinically justified otherwise, the request may not be approved. |

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| **Change in Dose Amount** |
| To change the dose amount, enter in the **Dose / Kg** section.       |  |  | | --- | --- | | Icon  Description automatically generated | **Please** Note: If the dose exceeds the amount set out in the criteria, a yellow alert will pop-up and a clinical reason is required. | |

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| **Change in Frequency and Number of Courses** |
| To change the frequency and/or number of courses, enter in the **Frequency** section.     |  |  | | --- | --- | | Icon  Description automatically generated | **Please note**: If the dose frequency is not within the range set out in the criteria, a yellow alert will pop-up and a clinical reason is required. | |