

Dispense Requesting for Subcutaneous Immunoglobulin (SCIg) Product

In the current version of BloodSTAR (version 2.1 – Aug 2016), all dosing is set up using an intravenous immunoglobulin (IVIg) model. To request SCIg in version 2.1, some additional action is required to ensure correct dosing is accurately represented.

The next BloodSTAR update (version 2.2), will introduce subcutaneous immunoglobulin (SCIg) dose modelling to simplify the process for managing SCIg patients.

To request multiple doses to be dispensed at the same time

1. Once a patient has been approved to receive SCIg, requesting a dispense from the laboratory will often require requesting multiple doses at once. You can see the planned doses from the treatment plan by viewing the patient's authorisation from your home page by clicking on the authorisation link.

Patient 🔺	Authorisation	Dose	Treating Facility	Treating Specialist	End Date	Pending Review	Request Dose
ANT, Atom + Add URN DOB: 01-Jan-1971	Q <u>KB79457U</u>	No remaining dose	Greenslopes Private Hospital	ORTEGA, Roberta	26-Aug-2016		
BEAR, BooBoo + Add URN DOB: 01-Jan-1971	Q_XJ59934R	Maintenance Dose - INTRAGAM P 21.00 grams every 4 weeks.	Greenslopes Private Hospital	ORTEGA, Roberta	09-Jan-2017		+ <u>Request Dose</u>
BEAR, yogi + Add URN DOB: 01-Jan-1971	Q. <u>1198479F</u>	Maintenance Dose - Hizentra 20% 6.00 grams every week.	Greenslopes Private Hospital	CAMERON (NBA), Ms Jo	05-Dec-2016		<u>+ Request Dose</u>

2. You can see the planned doses for the authorisation period listed under the Treatment Plan area.

Planned Date	Dose Type	Dose	Status	Requested	Expected Infusion Date	Date Dispensed	Dispensed
29-Jul-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
5-Aug-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
12-Aug-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
19-Aug-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
26-Aug-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
02-Sep-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
09-Sep-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
6-Sep-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
23-Sep-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
30-Sep-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
07-Oct-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
14-Oct-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
21-Oct-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
28-Oct-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
04-Nov-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
1-Nov-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
8-Nov-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				
25-Nov-2016	Maintenance Dose	Hizentra 20% - 6.00 g	Planned				

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- The most efficient way to request dispensing of multiple doses for your SCIg patients is by submitting
 a planning sheet that has all of the required doses for each patient for the selected period.
- 4. Select the *Planning Sheets* option from the *Treatment* menu.

	Home	Patients 🕶	Treatment -
t			Planning Sheets
			Dispense Requests

- 5. Click Create New Planning Sheet to create your new planning sheet.
- 6. Give the planning sheet a name, fill in any additional details and notes that your dispenser may require, and save.

Create Planning Sheet		×
Planning Sheet Name *	SCIg for Yogi BEAR for August	
Dispenser *	QLD - Sullivan Nicolaides Pathology - Greenslopes Private Hospital Laboratory	,
Dispense to	Patient will pick up from laboratory on 29 July	
Contact Name	Jo Cameron (NBA)	
Contact Phone	02 6151 5031	
Notes		_
	This planning sheet covers one month of dispenses - please have ready by 4 pm.	
	Save	

7. Click on *Add Patient*, which will bring up the *Select Patient* form where you can search for your patient and the period that you require the doses to be dispensed for.

Select Patient				×
Patients at Greenslopes Private Hospital	Patients from other facilities			
Family Name BEAR	Given Name	Date of Birth	URN	
Authorisation	Next Dose Date From	Next Dose Date To		
Show patients where Greenslopes Priva	te Hospital is nominated as the will be given or infused)	he:	Search Clear	Close

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8. This will bring up the first dose within this period. Click *Select* to review and then add this dose to the planning sheet.

ients at Greenslope	s Private Hospital	Patients from other	facilities					
Family Name		Given Name			Date of Birth	URN		
BEAR		Yogi						
Authorisation		Next Dose Date	From	Next Dose D	ate To			
		29-Jul-2016		29-Aug-201	6			
 Administering fa Treating facility 	e Greenslopes Prive cility (where product where the patient is	ate Hospital is nomin will be given or infusi diagnosed and clinica	nated as the ed) ally reviewed	e:)		Sea	rch Clear	Close
Patient	Next Dose		Next Dose	Date Facili	ty	Specialist	Authorisation End Date	
								-

- 9. You will be returned to the *Select Patient* form where the next dose within the selected period will be shown.
- 10. Repeat steps 8 and 9 until all required doses have been selected and then click *Close*.
- 11. Click *Submit* to send the plan to the dispenser. You can also choose to *Edit, Delete,* or *Print* from this page.

	Planning:	Sheet Name	SCIg for Yogi BEAR for August					
		Dispenser	Sullivan Nicolaides Pathology - Greenslopes Pri	ivate Hospital Laboratory				
		Dispense to	Patient will pick up from laboratory on 29 July					
	Earliest Re	quired Date	29-Jul-2016					
	Planning S	heet Status	Draft					
Contact		Contact	jo Cameron (NBA) - 02 6151 5031					
		Notes	This planning sheet covers one month of disp ready by 4 pm.	enses - please have		ţ		
	+ Add Patient							
	Patient +	Date of Birth	Authorisation	Dose	Required Date	Status	Complete	
	Patient • BEAR, yogi • Add URN	Date of Birth 01-Jan-1971	Authorisation Q_198479E Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT	Dose Maintenance Dose - Hizentra 20% 6.00 g	Required Date 29-Jul-2016	Status Draft	Complete	Q View Edit × Remove
	Patient BEAR, vogi Add URN BEAR, vogi Add URN	Date of Birth 01-jan-1971 01-jan-1971	Authorisation Q_11984709E Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT Q_11984709E Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT	Dose Maintenance Dose - Hizentra 20% 6.00 g Maintenance Dose - Hizentra 20% 6.00 g	Required Date 29-Jul-2016 05-Aug-2016	Status Draft Draft	Complete	Q_View /_Edit ×_Remove /_Edit ×_Remove
	Patient • BEAR, yogi + Add URN BEAR, yogi + Add URN BEAR, yogi + Add URN	Date of Birth 01-jan-1971 01-jan-1971 01-jan-1971	Authorisation Q_1198479E Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT Q_1198479E Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT Q_1198479E Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT	Dose Maintenance Dose - Hizentra 20% 6.00 g Maintenance Dose - Hizentra 20% 6.00 g Maintenance Dose -	Required Date 29-jul-2016 05-Aug-2016 12-Aug-2016	Status Draft Draft Draft	Complete	Q. View / Edit * Remove / Edit * Remove Q. View / Edit * Remove
	Patient • BEAR, vosi + Add URN BEAR, vosi + Add URN	Date of Birth 01-jan-1971 01-jan-1971 01-jan-1971 01-jan-1971	Authorisation <u>Authorisation</u> <u>Augustatop</u> heematological malignancy and post HSCT <u>Augustatop</u> Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT <u>Augustatop</u> Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT <u>Augustatop</u> Acquired hypogammaglobulinaemia — haematological malignancy and post HSCT	Dose Maintenance Dose - Hizentra 20% 6.00 g Maintenance Dose - Hizentra 20% 6.00 g Maintenance Dose - Hizentra 20% 6.00 g	Required Date 29-jul-2016 05-Aug-2016 12-Aug-2016 19-Aug-2016	Status Draft Draft Draft Draft	Complete	Q_View / Edit × Removes Q_View / Edit × Removes Q_View / Edit × Removes Q_View / Edit × Removes Q_View / Edit × Removes / Edit / Settor / Edit / Settor / Edit / Settor / Edit / Settor / Setor / Settor / Setor / Se

12. Alternatively you can add individual dispense requests by searching for the patient from the home page, however this is not efficient for the dispenser.

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Support

phone: 13 000 BLOOD (13 000 25663) email: <u>support@blood.gov.au</u> fax: 02 6103 3840