PROCEDURE

Title: Rh (D) Immune Globulin

Procedure #: 2015BLOODBANK51

Institution: Highlands Regional Medical Center

Address: 3600 Highlands Avenue, Sebring Florida 33870

Prepared by: Anita Smith Date: 6/3/2015

Title: Laboratory Administrative Director

Accepted by: _____ Date: 6-5-15

Title: Laboratory Medical Director

Date Patient Testing Implemented: 9/1/2008

Review of procedure every two years

Reviewed by: _____ Date: _____

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Highlands Regional MEDICAL CENTER

Policy Name: Rh (D) Immune Globulin	**Department: Lab – Blood Bank**
Departmental Review:	**Policy #: B2.1**
INITIATE DATE 09/2008	**DATE REVIEWED/REVISED** 7/9/13, 1/1/14
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PURPOSE:
Rh (D) Immune Globulin is used to prevent isoimmunization in the Rh (D) negative individual exposed to Rh (D) positive blood as a result of a fetomaternal hemorrhage occurring during the delivery of a Rh (D) positive infant, abortion (spontaneous or induced), or following amniocentesis or abdominal trauma. Also, immunization resulting in the production of anti-Rh (D) following transfusion of Rh (D) positive red cells to an Rh (D) negative recipient may be prevented by administering Rh (D) Immune Globulin.

Rh hemolytic disease of the newborn (HDN) is the result of the active immunization of an Rh (D) negative mother by the Rh (D) positive red cells entering the maternal circulation during a previous delivery, abortion, amniocentesis, abdominal trauma or as a result of red cell transfusion. Rh (D) Immune Globulin acts by suppressing the immune response of the Rh (D) negative individual to Rh (D) positive red blood cells. Its mechanism of action is not fully understood.

The administration of Rh (D) Immune Globulin within 72 hours of a full term delivery reduces the incidence of Rh isoimmunization.

PROCEDURE:
1. Perform ABO-Rh typing and antibody screen, and antibody workup if required, on admission specimen of the mother to identify potential candidates for RhIG.

2. Perform cord blood work-up on infant (Refer to Cord Blood procedure).

3. Perform fetal screen on the post-partum specimen according to procedure. If screen is positive send to Reference Lab for Kleihauer-Betke test.

4. If the patient meets the criteria to receive RhIG, fill out the Rhophylac insert slip (found inside the box) and issue the RhIG from SoftBank.

5. Nursing will use these forms to identify the patient, which is to have the dose administered.

6. Each patient will also be given a card stating they have received RhIG.

PROCEDURE NOTES:
1. Indications for Rh (D) Immune Globulin administration:
   a. Delivery of an Rh (D) positive infant to an Rh (D) negative mother
   b. Spontaneous or induced abortions in an Rh (D) negative individual.
   c. Tubal pregnancies or transplacental hemorrhage in an Rh (D) negative individual
   d. Amniocentesis or other abdominal trauma in an Rh (D) negative individual.
   e. Antenatal prophylaxis in an Rh (D) negative individual.
   f. Incompatible transfusions in Rh_o(D)-negative individuals transfused with blood components containing Rh_o(D)-positive red blood cells
   g. Raising platelet counts in Rh_o(D)-positive, non-splenectomized adults with chronic ITP.

2. Criteria for administration:
   a. Recipient candidate must be Rh (D) negative,
   b. Delivery of an Rh (D) positive or weak D positive infant.
   c. Recipient candidate must not have been previously sensitized to Rh (D). If the individual has received antenatal RhIG at 28 to 30 week gestation, the anti-D may be detected for up to 5 months after administration. The patient is still considered to be a candidate to receive RhIG and RhIG should be administered.
   d. In the case of abortion or ectopic pregnancy, when Rh typing of the infant is not possible, the fetus must be assumed to be Rh (D) positive.
   e. RhIG should be administered within 72 hours following delivery, abortion, amniocentesis, etc.

3. RhIG may fail to immunize against Rh (D) sensitization on rare occasions. This could be due to undetected fetomaternal hemorrhage or sensitization that had existed but was not detected prior to administration of RhIG. If anti-D is detected at six (6) months after RhIG was given, sensitization can be assumed to have occurred.

4. For postpartum prophylaxis, administer one vial or syringe of RhIG (300 ug) preferably within 72 hours of delivery. If given after 72 hours, a lesser degree of protection is afforded.

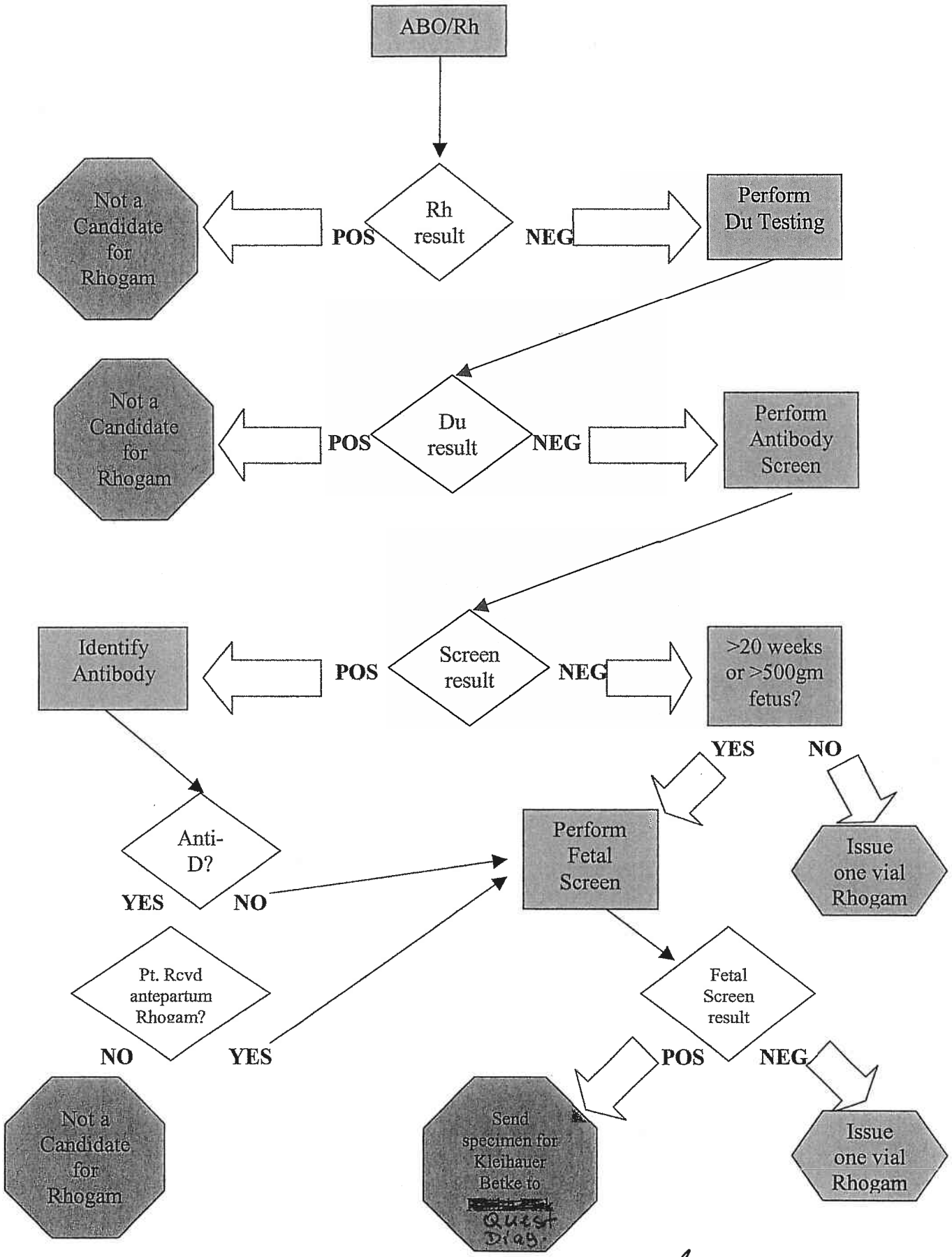
5. The recommended dosage is 250 IU per kg body weight and the rate of administration is 2ml per 15 to 60 seconds.

REFERENCES:

AABB Technical Manual, 17th Edition
Rhophylac product insert, rev: 08/2012 CSL Behring AG, Bern Switzerland

Rhogam Work-up

Specimen 7ml EDTA postpartum



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Reviewed by	Reviewed Date	Reviewed by	Reviewed Date
[illegible]	5-27-15		
[illegible]	5/28/15		

Initial Implementation Date: _____

Reviewed by: MARKTEL PONTINEN Signatures on file Date: 8-4-14
Department Supervisor

Reviewed by: Angela Lanston Date: 8/11/14
Department Adm. Director

Reviewed by: NA Date: _____
Department Chief Technologist

Reviewed and Approved by: [illegible], MD Date: 8/11/14
Department Medical Director