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## In this April 2018 issue:

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## System Activity Update

As of March 2018 there are:

- just over 8,300 patients with active authorisations and
- 8547 registered users accessing BloodSTAR as Authorisers, Medical Officers, Nurses, Admin Support or Facility Administrators.

During March there were 700 initial authorisation requests and 11369 dispense episodes of IVIg/SCIg in BloodSTAR nationally.

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## System Release Update

The National Blood Authority (NBA) continues to work to improve its blood sector systems to ensure they meet the requirements of end users efficiently and effectively. There is a new update of BloodSTAR which is targeted for release on **Sunday 1 July 2018**.

This update will include new functions and enhancements that will improve the usability and functionality of the system. Upcoming enhancements include:

- improved search capabilities to improve results when searching for patients or medical conditions
- help menu including a frequently asked questions page, and
- link to support material and a Contacts page.

Stay tuned for detailed release notes and further information which will be provided closer to the time.

## Changes to BloodPortal

BloodPortal is the NBA's single sign on solution allowing users of our blood sector systems access to applications including BloodNet, BloodSTAR, ABDR, Jurisdictional reports and respective training environments.

The current version of BloodPortal has been upgraded to improve the user interface, ease of access and system security. The upcoming changes will include:

- the ability for users to log directly into a specific system application from a saved link and bypass the BloodPortal screen - this will make it easier for a user to access their respective system
- extending the mandatory password character length from 9 to 10 in line with Government security standards, and
- the requirement for users to update their password every 90 days.

The targeted release date for the new BloodPortal is **Sunday 1 July 2018**. More information will be provided closer to the time.

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## Blood Service Contacts

Blood Service contact details for BloodSTAR authorisations differ depending upon jurisdiction and time of day. When a **Medical Officer** submits an emergency authorisation request, they are prompted to call the Blood Service and are presented with the contact numbers for each jurisdiction. Please ensure you call the number relevant to your State/Territory only.

The numbers below are always available in BloodSTAR by clicking on 'Authorisation Contacts' at the bottom of every page. These contacts also apply to **dispensers** when contacting the Blood Service for BloodSTAR-related enquiries.

**Please note:** the after-hours numbers are based on local time. For example users in the ACT will call QLD after 4:30pm ACT time.

|     | <b>BUSINESS HOURS ENQUIRIES<br/>8:30am - 4:30pm local time</b> | <b>AFTER HOURS PHONE NUMBER<br/>4:30pm - 8:30am local time</b> |
|-----|--|--|
| ACT | 1300 478 348   | 07 3838 9010   |
| NSW | 1300 478 348   | 1300 478 348   |
| NT  | 08 8928 5116   | 03 9694 0200   |
| QLD | 07 3838 9223   | 07 3838 9010   |
| SA  | 08 8112 1341   | 08 8223 6090   |
| TAS | 03 9694 0200   | 03 9694 0200   |
| VIC | 03 9694 0200   | 03 9694 0200   |
| WA  | 08 9421 2377   | 08 9325 3030   |

Please remember that the Ig request forms that are available online are **for NSW only**. All other jurisdictions must use BloodSTAR. Please do not fax a form to the NSW number if your patient is receiving treatment in a State/Territory other than NSW.

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## User Tips

### How to manage broken vials of IVIg or SCIg

If a vial of IVIg or SCIg is broken, damaged or something goes wrong during infusion you are **not** required to request more grams within BloodSTAR.

The correct procedure in this circumstance is to return the damaged vial to your nominated dispenser who can then return it to stock within their system and re issue a new vial for the patient without requiring further approval.

If the dose was partially infused and the vial(s) cannot be returned to stock, the dispenser can issue the replacement dose on the same treatment line in BloodNet. The system will trigger a dispense discrepancy and ask the dispenser to provide a reason for the additional dispense. Once the dispenser enters a reason the dispense discrepancy will be resolved.

### When to Request a Dose Change or Additional dose

When you have a patient in need of a different dose or an additional dose of Immunoglobulin (Ig) on top of their current approved maintenance doses, a Medical Officer with access to BloodSTAR can request a dose change or an additional dose\* instead of completing a New Initial Authorisation Request.

**Dose Change** - To request a dose change locate your patient from your home page or via the 'Search' page and then click on their authorisation number. You will be taken to the View Authorisation page. On the Authorisation Details tab you will see a Regimen table which lists the patient's approved doses. If a dose change is available (the patient must have doses remaining on their treatment plan) there will be a 'Request Change' link in the Action column. Click on the link, fill in and submit the Dose Change Request Form.

| Authorisation Details       | Review Outcomes  | Authorisation History | Assessment Amendment History     |           |      |                 |        |                  |  |             |                                  |
|-----------------------------|--|-----------------------|----------------------------------|-----------|------|-----------------|--------|------------------|--|-------------|----------------------------------|
| <b>Authorisation Number</b> | HG58253W   |                       |                                  |           |      |                 |        |                  |  |             |                                  |
| <b>Approval Date</b>        | 12-Dec-2017  |                       |                                  |           |      |                 |        |                  |  |             |                                  |
| <b>Medical Condition</b>    | Myasthenia gravis (MG)   |                       |                                  |           |      |                 |        |                  |  |             |                                  |
| <b>Specific Condition</b>   | Myasthenia gravis  |                       |                                  |           |      |                 |        |                  |  |             |                                  |
| <b>Indication</b>           | As maintenance therapy for moderate to severe MG when other treatments have been ineffective or caused intolerable side effects.   |                       |                                  |           |      |                 |        |                  |  |             |                                  |
| <b>Treating Specialist</b>  | Miss Claire MATHESON<br>Support Officer - Royal Perth Hospital   |                       |                                  |           |      |                 |        |                  |  |             |                                  |
| <b>Regimen</b>              | <table border="1"> <thead> <tr> <th>Dose Type</th> <th>Dose</th> <th>Infusion Method</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>Maintenance Dose</td> <td>INTRAGAM 10 - 30.00 grams every 2 weeks.</td> <td>Intravenous</td> <td><a href="#">+ Request Change</a></td> </tr> </tbody> </table> |                       |                                  | Dose Type | Dose | Infusion Method | Action | Maintenance Dose | INTRAGAM 10 - 30.00 grams every 2 weeks. | Intravenous | <a href="#">+ Request Change</a> |
| Dose Type                   | Dose   | Infusion Method       | Action                           |           |      |                 |        |                  |  |             |                                  |
| Maintenance Dose            | INTRAGAM 10 - 30.00 grams every 2 weeks.   | Intravenous           | <a href="#">+ Request Change</a> |           |      |                 |        |                  |  |             |                                  |

**Additional Dose** - To request an additional dose locate your patient from your home page or via the 'Search' page and click on their authorisation number. On the View Authorisation page the Request Additional Dose Type button will appear if available under the rules defined in the *Criteria for the clinical use of intravenous immunoglobulin in Australia* (the Criteria).

| Regimen   | Dose Type        | Dose                                      | Infusion Method | Action                           |
|---|------------------|---|-----------------|----------------------------------|
|   | Maintenance Dose | PRIVIGEN 10% - 20.00 grams every 6 weeks. | Intravenous     | <a href="#">+ Request Change</a> |
| <a href="#">+ Request Additional Induction Dose</a> |                  |   |                 |                                  |

\*Note: The Request Additional Induction Dose function is only available for selected medical conditions. To know if this functionality is available for your patient's medical condition visit <https://www.criteria.blood.gov.au>.

To view the tip sheet for the dose change request and additional dose functions click on the following link: <https://www.blood.gov.au/system/files/BloodSTAR-Product-or-Dose-Change-Request.pdf>

# Ig Governance Update

## Ideal body weight dosing

The amount of Ig prescribed for a patient may vary depending on the indication as well as the patient's weight and is set out in the Criteria. When prescribing Ig, clinicians should aim to use the lowest dose possible that achieves the appropriate clinical outcome for each patient. As well as conserving the use of this precious product, this approach is thought to potentially reduce side effects, some of which may be dose related.

Clinicians prescribing Ig may adjust the dose for Ideal Body Weight (IBW) at their discretion, or to comply with State/Territory policy. Because of the pharmacokinetic properties of Ig this approach is most often applied when the patient is significantly overweight or obese. Research has shown that Ig is distributed into body fluids and very little is distributed into body fat. The Ig dose calculated for obese patients should account for an increased distribution due to extra body fluid without accounting for an increase in body fat<sup>1</sup>. Whilst there is some evidence supporting the adjustment of Ig dose using (IBW) calculations in obese patients, further research in this area is still needed.

A calculator is available in BloodSTAR to assist clinicians when adjusting Ig dose for (IBW).

The BloodSTAR Calculator applies two calculations<sup>2</sup> to generate a weight for dosing purposes.

### **Calculation 1 - Ideal Body Weight (IBW) (kg) (also known as the Devine formula):**

IBW for males =  $50 + [2.3 \times (\text{height in inches}^* - 60)]$

IBW for females =  $45.5 + [2.3 \times (\text{height in inches}^* - 60)]$

*\* The patient height entered will be converted from centimetres to inches to fit the formula. 1 centimetre is equivalent to 0.393701 inches.*

### **Calculation 2 - Dose Determining Weight (DDW) (kg):**

DDW =  $IBW + 0.4 \times (\text{actual body weight in kg} - IBW)$

The NBA does not recommend applying the calculator to patients:

- aged less than 18 years
- less than 152cm in height, or
- who are pregnant.

Furthermore, if the calculator is applied but the actual weight of the patient is less than the dose determined weight (DDW) (as calculated in BloodSTAR), the Ig dose should be calculated using the patient's actual weight.

1. Siegel, J. (2010, January). IVIG FAQ: Immunoglobulins and Obesity. Pharmacy Practice News, pp. 8-9.
2. Pai, M.P. & Paloucek, F.P. (2000). The origin of the "ideal" body weight equations. Annals of Pharmacotherapy, 34(9), 1066-9.

## Registering your specialty with AHPRA

Medical specialists must have their speciality registered with the Australian Health Practitioner Regulation Agency (AHPRA) for the Ig Governance Program to recognise the specialist qualification. BloodSTAR is linked to the AHPRA database, therefore if a clinician does not register all applicable specialist qualifications with AHPRA, BloodSTAR will not be able to recognise that particular speciality for the clinician. Visit <http://www.ahpra.gov.au/registration.aspx> to check your registration details.

## Immunoglobulin interest group

As mentioned in our last newsletter the NBA would like to establish a BloodSTAR User Reference Group which will now be incorporated into a newly formed National Immunoglobulin Interest Group (NIIG). The main aim of this national group is to provide the NBA with ongoing feedback and input in relation to updates and proposed changes to the Ig Governance Program and the BloodSTAR system from stakeholders involved in the use of immunoglobulin and BloodSTAR across Australia. The NBA is seeking widespread representation for this group including medical officers, nurses, dispensers (pathology and/or pharmacy) and facility administrators.

The NBA intends to engage with the NIIG at least quarterly with an update email on Ig Governance Program activities. At other times, the NBA will seek input into various Ig Governance matters as necessary. When the NBA has a specific need, the Ig interest group will be contacted via email with issues being discussed via teleconference if necessary.

If you would like to participate please let us know by providing your full name, facility name, position, contact phone number and email address to [support@blood.gov.au](mailto:support@blood.gov.au). Thank you to those who have already expressed your interest, the NBA will be in contact with you soon.

Keep up to date with all the latest Immunoglobulin Governance updates by subscribing to our Ig Governance Criteria and Progress Updates webpage. All BloodSTAR users will receive notifications when updates are available. If you are not a BloodSTAR user, you can subscribe by creating a [BloodPortal](#) account and from the home page click on 'My Subscriptions' and 'Subscribe' to Immunoglobulin. The latest update is available at [Ig Governance Criteria and Progress Updates](#).

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## For further information

Further information on BloodSTAR is available online at [www.blood.gov.au/bloodstar](http://www.blood.gov.au/bloodstar) or by contacting the NBA on 13 000 BLOOD (13 000 25663) or [support@blood.gov.au](mailto:support@blood.gov.au)