

Requesting a dose change or an additional dose

Changing the Product Type or Dose Size in an Existing Authorisation:

1. From either your home page *My Authorised Patients* or from *My Requests*, locate the patient that requires the change. Under the *Patient* column, click on the *Patient name*.

BLOODSTAR Home Patients Authorisation Requests Treatment BloodSTAR Messages

My Authorised Patients Pending Reviews My Requests

Show patients where I am + New Initial Authorisation Request

- Treating Medical Specialist
- Requesting Medical Officer
- Diagnosing Medical Officer
- Verified Diagnosis Medical Officer

Patient	Date of Birth	Treating Facility	Patient ID	Medical Condition	End Date	Authorisation
CITIZEN, John	01-Jan-2001	The Canberra Hospital		Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT	13-Aug-2020	Q_UL25334F

2. Scroll down to view the details under *Current Authorisation*. Under *Regimen*, locate the dose you want to change. Under the *Action* column, click *+Request change*.

Authorisation [UL25334F](#)

Authorisation Number [Q_UL25334F](#)

Authorisation Date 27-Feb-2020

Medical Condition Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT

Specific Condition Memory B cell deficiency secondary to haemopoietic stem cell transplantation (HSCT)

Indication Prevention of recurrent bacterial infections due to hypogammaglobulinemia associated with haematological malignancies or post haemopoietic stem cell transplant

Treating Specialist Ig TEST01
Canberra Doctor - The Canberra Hospital

Regimen

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (IVIg)	INTRAGAM 10 - 32.50 grams every 4 weeks.	Intravenous	+Request Change

[+ Request Additional Loading Dose \(IVIg\)](#)

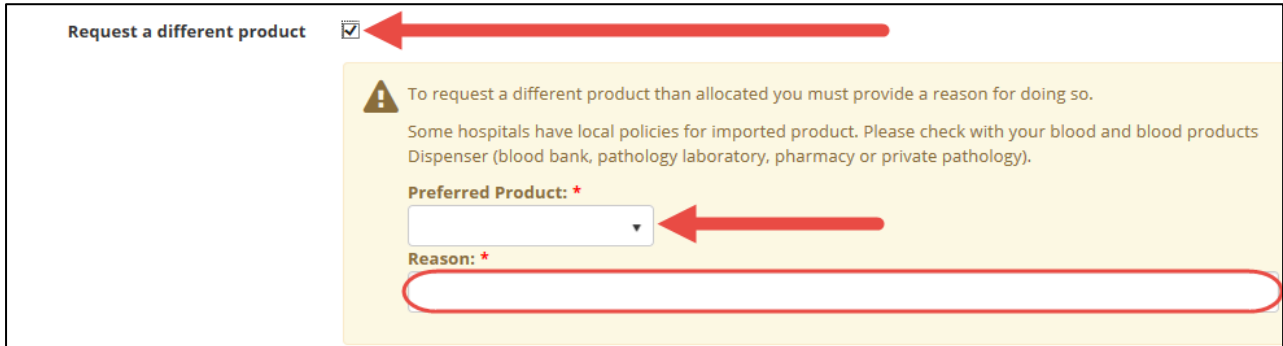
3. On the *Dose Change Request Form*, select the urgency of the change request. Please remember that if the review request is at *Emergency* status, it must be accompanied by a phone call to Lifeblood on the supplied relevant phone number.
4. Enter all relevant details in the free text *Reason for Dose Change* section under *Dose Change Request Details*.

Please note: If you are changing a patient's dose from IVIg to SCIg you will need to tick the box labelled 'Change to a SCIg dose'.

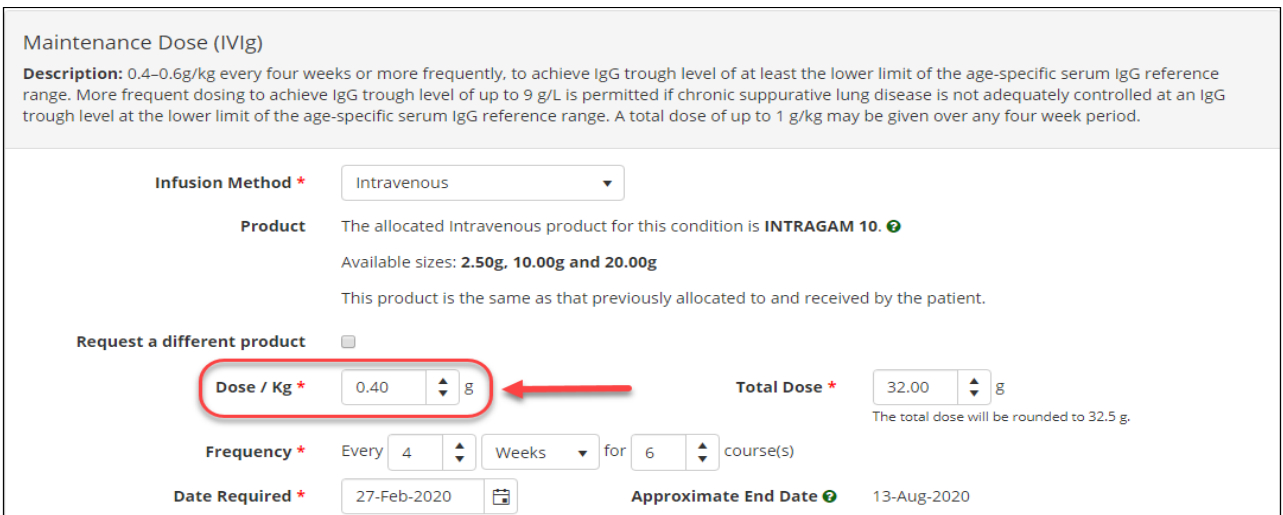
Reason for Dose Change *

Change to a SCIg dose

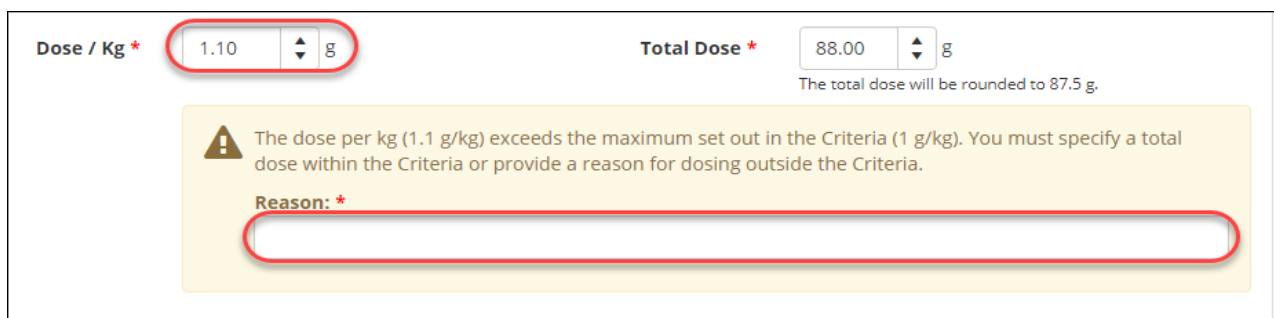
5. Proceed to the *Dose* section and enter the patient's weight.
6. If you wish to change the allocated product, tick the box labelled *Request a different product*, and then select the product you would like to nominate instead and the reason why.



7. To change the strength of the dose, enter a different value under *Dose/Kg*.



8. If the dose exceeds the recommended dosage per kilogram, you will be asked to provide a reason.



9. Once all required changes have been entered, confirm your contact details and tick the box to indicate all information submitted is true and accurate to the best of your knowledge and then click *Submit*. You will receive an email and an in-system notification when the request has been actioned.

Requesting an Additional Dose

Under some Medical Conditions, there is the ability to request an additional dose if your patient requires it. If the additional dose is available for your patient's diagnosis you will have the option under the *Regimen* section of the patient's Authorisation view.

1. Once you have located the patient record scroll down to view the details under *Current Authorisation*. Under *Regimen*, click *+Request Additional (type) Dose*.

Authorisation **UL25334F**

Authorisation Number [UL25334F](#)
Authorisation Date 27-Feb-2020
Medical Condition Acquired-hypogammaglobulinaemia — haematological malignancy or post HSCT
Specific Condition Memory B cell deficiency secondary to haemopoietic stem cell transplantation (HSCT)
Indication Prevention of recurrent bacterial infections due to hypogammaglobulinemia associated with haematological malignancies or post haemopoietic stem cell transplant
Treating Specialist Rachel HOURIGAN
Immunology at NBA BloodSTAR Test - NBA Test Facility

Regimen

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (IVIg)	INTRAGAM 10 - 32.50 grams every 4 weeks.	Intravenous	+ Request Change

[+ Request Additional Loading Dose \(IVIg\)](#)
[+ Request Additional Disseminated Enterovirus Dose \(IVIg\)](#)
[+ Request Additional Supplementary Dose \(IVIg\)](#)
[+ Request Additional Loading Dose \(SCIg\)](#)
[+ Request Additional Disseminated Enterovirus Dose \(SCIg\)](#)
[+ Request Additional Supplementary Dose \(SCIg\)](#)

2. On the *Request Additional Dose* page, select the urgency of the request.
3. Enter all relevant details under *Reason for Additional Dose* in the *Additional Dose Request Details* section.
4. Go to the *Dose* section and enter the patient's weight, as well as all applicable details of the additional dose. Once all details are correct, tick the box to indicate all information submitted is true and accurate to the best of your knowledge and then click *Submit*.
5. You will receive an email and an in-system notification when the request has been actioned.