

Making an Initial Authorisation Request

Submitting a New Initial Authorisation Request

1. There are two ways to start a New Initial Authorisation Request. The first is from your home page as a Medical Officer click the *Authorisation Requests* tab at the top of the page and click *New Initial Authorisation Request*. The second is to click the *+ New Initial Authorisation Request* large green button on the homepage.

BLOODSTAR Home Patients Authorisation Requests Treatment BloodSTAR Messages

My Authorised Patients Pending Reviews My Requests

New Initial Authorisation Request
My Authorisation Requests

+ New Initial Authorisation Request

Show patients where I am

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

2. A patient search window will appear, as pictured below. Enter the full name and date of birth of the patient, and click *Search*. If there is an exact match, the patient will appear for you to select and continue with a patient already in BloodSTAR; a partial match will not return results. If there is no match, select *Create New Patient* to progress with an authorisation request after entering the extra required details for that patient.

Select Patient

Search

Given Name Adam

Family Name Citizen

Date of Birth 01-Jan-1980

Patient ID

IHI

Search

No records found.

Create New Patient

Cancel

Patients must consent to having their details stored in BloodSTAR. Copies of the consent form and information for patients as to what details are recorded and why are available on the consent page in BloodSTAR. Enter in your patient's consent status, select whether the consent granted was verbal or written, who granted the consent and the date it was obtained. You can nominate if the consent status is recorded in the medical record and also (optionally) upload a scanned copy of any consent you have received in writing.

Privacy Consent

Consent Documents

- [Patient Privacy Consent Form](#)
- [More Information - Privacy Statement and Notice](#)

Consent Status *

Date *

Recorded in Medical Record

Attach Copy

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- Once your patient's basic details have been entered and consent obtained, you will be taken to Step 1 of the Authorisation Request. There are three functions you can perform on this page:

Step 1

Patient Details [Change Patient](#)

Patient Adam CITIZEN
Date of Birth 01-Jan-1980
Sex Male
The Royal Adelaide Hospital
Privacy Consent Consent Obtained [Record Privacy Consent](#)

Previous Treatments

+ Add Previous Treatment **A**

Treatment Type	Product	Date (mm/yyyy)	Response
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Treating Medical Specialist * **B** [I am the Treating Medical Specialist](#) [Change Treating Medical Specialist](#)

No treating medical specialist selected.

Urgency * **C** Standard

Save **Save and Continue**

- If relevant, enter any previous treatments for the patient by clicking *+Add Previous Treatment*.
- Add the Treating Medical Specialist details to the form. If you are the Treating Medical Specialist click on *I am the Treating Medical Specialist*. If you are the **Requesting Medical Officer** select *Change Treating Medical Specialist* to nominate a prescribing specialist.
- Set the urgency of the authorisation. **Please Note:** Authorisations that have a status of **Emergency** must be accompanied by a call to your State/Territory authorisers. Once all necessary details have been entered, click *Save and Continue*.

- In Step 2, your **Treating** and **Administering Facility** will be auto-populated as the facility where the nominated Treating Medical Specialist is registered. If your patient will physically receive treatment at another facility, select that site from the **Administering Facility** drop-down menu and, if not auto-populated, select a dispensing site.

Step 2

Treatment Arrangements

Treating Facility * SA - The Royal Adelaide Hospital

Administering Facility SA - The Royal Adelaide Hospital

Dispensing Facility * SA - SA Pathology - Royal Adelaide Hospital Site

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The facility types are as follows:

- **Treating Facility:** the facility at which a specific patient's treatment will be managed (diagnosed, prescribed and reviewed). This may be the same location as the Ig infusion is administered.
- **Administering Facility:** the facility where the patient goes regularly to have their Ig infusions administered. This may be the same location that the patient sees their Treating Medical Specialist.
- **Dispensing Facility:** the facility from which it is anticipated that product will be normally dispensed for a specific authorised patient.

5. Begin typing the diagnosis into the *Medical Condition* field. All the possible diagnosis options will populate to be selected. Once a medical condition has been selected, the page will continue to populate further required details under *Qualifying Criteria* and *Supporting Evidence*. To assist in the assessment of your authorisation request please ensure you enter as much information as you have available. When completed, click *Save and Continue*.

Diagnosis and Criteria

Find Condition Medical Condition is not found

Guil

Guillain-Barré syndrome (GBS)

Guillain-Barré syndrome (GBS)

Guillain-Barré syndrome

6. In Step 3, enter the patient's weight under the *Dose* heading. If you are calculating dosage by Ideal Body Weight, tick the corresponding box next to *Patient Weight* and a Height field will appear. This will then alter the weight value according to Ideal Weight values and change the requested dosage accordingly. Otherwise, just enter the patient's weight.

Dose

Patient Weight * 70.00 kg Use Ideal Body Weight Adjusted Dosing

Patient Height * 180.00 cm

Ideal Body Weight 74.99 kg

Dose Determining Weight 72.99 kg

Select what kinds of doses are required, such as maintenance or loading dose, from the available options. The options available are determined by the diagnosis selected.

Step 3

Patient Weight * kg Use Ideal Body Weight Adjusted Dosing

Loading Dose

Maintenance In chronic suppurative lung disease

Maintenance Dose

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The product type and dosage per kilogram will be prepopulated and is determined by the entered diagnosis and your state. Enter the details of the treatment, including frequency, date required and any notes.

Maintenance Dose
0.4 g/kg every four weeks to achieve IgG trough level of at least the lower limit of the age-specific serum IgG reference range.

Infusion Method *

Product The allocated Intravenous product for this condition is **INTRAGAM P**.
This product is the same as that previously allocated to and received by the patient.

Request a different product

Dose / Kg * g **Total Dose *** g
The total dose will be rounded to 30 g.

Frequency * Every

Date Required *

Dose will be administered as a divided dose

Dose Notes

If you need to select a different product, tick the box marked *Request a different product*. A field will appear for you to select an alternate product and to provide a reason for the change. **This reason is mandatory.**

Request a different product

! To request a different product than allocated you must provide a reason for doing so. Some hospitals have local policies for imported product. Please check with your blood and blood products Dispenser (blood bank, pathology laboratory, pharmacy or private pathology).

Preferred Product: *

Reason: *

If the dose is to be administered as a divided dose, click on the *Dose will be administered as a divided dose* checkbox. The option to specify the number of divisions will appear as well as the option to specify your own divisions. If you do not select the *Specify my own divisions* option, BloodSTAR will automatically divide the dose as equally as is possible with the available vial sizes of the specified product. If you select the *Specify my own divisions* option, you will be able to customize the divisions of the total dose.

Dose / Kg * g **Total Dose *** g
The total dose will be rounded to 120 g.

Date Required *

Dose will be administered as a divided dose

Number of divisions * (60.00g, 30.00g, 30.00g)

Specify my own divisions

Divisions *	Division	Quantity	
1 *	60.00	<input type="text"/>	g
2 *	30.00	<input type="text"/>	g
3 *	30.00	<input type="text"/>	g

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Treatment duration and amount per kilogram is calculated automatically off the weight entered for the patient. If you need to prescribe more than the recommended maximum of product per kilogram, enter this under Dose/Kg. If the Dose/Kg is higher than the recommended amount under the criteria you must enter a reason. When all details are completed, click *Save and Continue*.

7. Confirm all details and check the box *Accepting Terms and Conditions*. Click *Submit* to complete the request.

Step 4 - Submission

To assist with the assessment of this request please enter a contact name and phone number for an authoriser to contact you if needed.

Contact Name	<input type="text" value="Sylvester STARK"/>
Contact Phone	<input type="text" value="0400000000"/>

Your request is ready for submission. Please review the request details and click 'Submit' to submit your request

I acknowledge the governance and management arrangements for the appropriate supply and use of immunoglobulin products, funded under the national blood arrangements, and the provision of information required to support authorisation. To the best of my knowledge, the information provided in this form is true and correct.

I have explained to the patient (or parent/carer/guardian) and I believe that they are aware of and understand:

- the risks and benefits of treatment with immunoglobulin products and alternative treatments (where these exist),
- the national access conditions and governing requirements for the appropriate supply and use of immunoglobulin products
- under the national blood arrangements, including that immunoglobulin products may need to change from time to time
- (for patients requiring ongoing treatment only) the nature of ongoing monitoring and review and that access to product will cease if response to treatment does not demonstrate clinical benefit.