

TREATMENT PLAN Subcutaneous Immunoglobulin (SCIg)

Patient	Name:
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Plan prepared by:

Date:

Note: This plan has been developed as a medical document to completed by an immunology or nurse specialist

IMMUNOLOGY AND NURSE SPECIALIST DETAILS

Immunology Specialist:	
Nurse Specialist:	
Telephone:	_
Email:	
After hours contact name:	
Telephone:	

SCIG PRODUCT DETAILS

Brand:				
Dose:				
1	grams	mls	times/week	
2	grams	mls	times/week	
To order SCIg:				
Telephone:				
Email:				
To collect SCIg				
Telephone:				
EQUIPME	NI			
For ordering of	f consumable equipme	nt supplies (e.g. syrin	ges, needles):	
Telephone:				
Email:				
For servicing o	of pump (if applicable):			
Telephone:				
Important:				
Allow 7 days v	vhen ringing to order SC	lg and allow d	ays for ordering consumable eq	uipment supplies
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ASCIA is the peak professional body of clinical immunology and allergy specialists in Australia and New Zealand

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