

Patient Name:
MCP/HCN:

The following is a list of responsibilities required of a patient to participate in the Subcutaneous Immune Globulin (SCIG) home infusion program:

1. Complete home infusion training and demonstrate self-administration until competency is established;
2. Undergo periodic reassessment regarding the infusion technique as per an established review schedule or based on needs during subsequent follow up;
3. Follow the instructions for home infusion as per the patient education materials or the written modified program provided by the nurse educator;
4. Contact the nurse educator when questions regarding supplies or the home infusion process arise;
5. Maintain and dispose of equipment as instructed;
6. Perform home infusion in a safe and clean environment;
7. Administer doses on the schedule determined by the physician;
8. Ensure an adult who is not undergoing the infusion is present for the duration of the infusion and for 60 minutes following the completion of the infusion;
9. Complete a transfusion card for each infusion and submit a copy to the Transfusion Medicine Lab as instructed;
10. Document all adverse reactions on transfusion card. Any adverse reaction that requires emergency medical attention should be reported to the patient's physician before administering any further doses.
11. Order, transport, and store SCIG according to the instructions provided;
12. Attend all scheduled clinic appointments;
13. Ensure required blood tests are completed at specified time intervals;
14. Have a clear understanding of the risks associated with administration of SCIG outside the hospital environment.

I understand that failure to comply with the above responsibilities may pose a threat to my safety and may result in termination of home infusion therapy and reversion to in-hospital treatment with intravenous immunoglobulin.

I understand that I am participating in the Subcutaneous Immune Globulin home infusion program at my own risk and I hereby waive any and all claims and release from all liability and agree not to sue any Regional Health Authority, physician, hospital staff or representatives for any and all personal injury, death, or loss sustained by me as a result of preparing, infusing, handling, or storing Subcutaneous Immune Globulin in my home or at any location outside of the hospital due to any cause whatsoever.

I declare that I have read and understood these conditions.

Signature of Patient

Date

Signature of Parent or Legal Guardian

Date