

Appendix I

University Hospital Southampton 
NHS Foundation Trust

Please note: HNIG is issued only when the UHS Pharmacy receives this PRESCRIPTION FORM (required for HNIG returns to the Department of Health) Deliver or Fax (023 8120 6792) prescription and risk assessment forms to main dispensary Southampton General Hospital. If faxed, the original prescription will need to be received by pharmacy within 72 hours.
Out of hours contact the Pharmacist on call through UHS switch board (Tel 023 80 777 222)

Prescription for Supply of Human Normal Immunoglobulin (IM or subcutaneous administration) for Post-Exposure Treatment to MEASLES, HEPATITIS A and POLIO

Patient Details

Patient Forename	Patient Surname	Date of Birth	NHS or Hospital number
Patient's Address			

Product Details

Product (including form and strength where necessary) Human Normal Immunoglobulin for IM injection: SUBGAM <input type="checkbox"/>		Quantity (see table below)	
Post exposure treatment to (please specify)	Measles <input type="checkbox"/>	Hepatitis A <input type="checkbox"/>	Polio <input type="checkbox"/>
Directions	Deep intramuscular injection <input type="checkbox"/>	Deep subcutaneous injection in patients with bleeding disorder <input type="checkbox"/>	
		Please state kind of bleeding disorder	

Details of the PHE Doctor who has performed the risk assessment

Name (in block letters)	Designation	Location	Hampshire-IOW-Dorset PHE Centre, Whitley (HPT) <input type="checkbox"/>
			Dept of Infection, UHS <input type="checkbox"/>
GMC No	Date		Paediatric Infectious Diseases, UHS <input type="checkbox"/>

Authorising details This section must be completed by the doctor who performed the risk assessment

Name (in block letters)	Designation	Contact number
Signature	Ward/Surgery	Date

Collection/Delivery Method: Please specify

Patient or Representative collecting <input type="checkbox"/>	Taxi or Courier arranged by GP Surgery or Other Hospital <input type="checkbox"/>	UHS Pharmacy can send the product to UHS A&E by prior arrangement (A&E phone No available through UHS switchboard). Please state name and contact details of A&E Nurse or Consultant with whom HNIG treatment administration has been agreed.
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Pharmacy Use Only Make sure that HNIG vials are stored within are the cold chain until use

Screened by:	Dispensed by:	Checked by:	Product details:	Batch No	Date:
			HNIG		Essential record keeping Log details of this supply in the immunoglobulin register. Ensure one copy is made (for the patient/healthcare professional) The original prescription and risk assessment form needs to be filed in the IM immunoglobulin folder. Please file appropriately immediately after checking
Cost code Inpatients: Ward Outpatients: Pathology SGH	Stock location Fridge, SGH main dispensary		No of vials	Expiry date	

HNIG treatment details

Measles	See "Information about Measles risk assessment and testing" on UHS Immunoglobulin website
Hepatitis A	See "Information about Measles risk assessment and testing" on UHS Immunoglobulin website
Polio	See "Information about Measles risk assessment and testing" on UHS Immunoglobulin website