Anti-D Administration Checklist

SHOT

Patient ID			Date of administration						Sign to confirn action
Pland Craus		Confirmation of patient's identity						L	
Blood Group Date		Confirmation to patient's identity Confirmation that the patient is D-negative from latest laboratory report							
		Latest antibody screen checked and confirmed that the patient does not already							
		have her own immune anti-D							
		Informed consent for administration of anti-D Ig recorded in notes							
		POTEN	TIALLY SE	ENSI	TISING EVEN	ITS (PSE	s)		
Gestation LESS than 12 weeks Estimated Gestation Date									
Any of	Vaginal b	leeding associated wit	n severe pain		Administer 500 III. anti D.k	III anti Dila			
	Ectopic / Molar Pregnancy			Administer 500 IU anti-D Ig within 72 hours of event.					
	ERPC / Instrumentation of uterus				Confirm product / dose / expiry and patient ID pre administration				
	Medical or surgical termination of pregnan								
Gestation	12 to 20) weeks	mated	ted Gestation			ate		
					A due	imintar FOO	III anti Dila		
For any Potentially Sensitising Event (PSE			t (PSF)			Administer 500 IU anti-D Ig within 72 hours of event.			
, , , , , ,							dose / expiry and administration		
					pation	nt 15 pro da			
Gestation 20 weeks to term Estimated Gestation Date									
For any Potentially Sensitising Event (PSE)							Test (FMH Test)		
					but DO NOT wait for results				
(Irrespective of whether RAADP is given)					Immediately administer at least 500 IU a lg within 72 hours of event.			ti-D	
					Confirm product / dose / expiry and patie			t ID	
Does the Kleihauer / FMH Test indicate the anti-D lg is required?			at further		pre administration				
			Administer more anti-D lg as i			D lg as indicated			
		bleeding at least 500 lectable anti-D, and a k							
		ROUTINE AN	ITENATAL	ANT	I-D PROPHY	LAXIS (F	RAADP)		
					T-1 11		-£:	hl-	7
For Routine Antenatal Anti-D Ig Prophylaxis (RAADP) (Irrespective of whether anti-D Ig already given for PSE)			Take a blood sample to confirm group and antibody screen – DO NOT wait for res						
			Administer 1500 IU anti-D Ig at 28–30 w				eks	1	
				_		OR			
			А	Administer at least 500 IU anti-D lg at 28 weeks ar					7
		administer at least 500 IU anti-D lg at 34 weeks							
Confirm pr					oduct / dose / expiry /and patient ID pre administration				7 L
		On diagnosis of I	ntra Uterin	e De	ath >20 week	s and A	DELIVERY		
Is the baby's group confirmed as D-positive?					Request a Kleihauer Test (FMH Test) Administer at least 500 IU anti-D Ig at diagnos] [
OR			·]					
Are cord samples not available?					and within 72 hours of delivery Confirm product / dose / expiry and patient ID pre				
				'	p. 24400	administra		,·•	
Does the	Kleihauer	/ FMH Test indicate tha	at further						

anti-D lg is required?

Administer more anti-D Ig as indicated