Rh(D) Immune Globulin (Human)

S/D Full Dose

HyperRHO®

S/D Full Dose

Drug/Laboratory Interactions

Babies born of women given Rh(D) Immune Globulin (Human) ante partum may have a drug interaction that should be available for treatment of acute anaphylactic reactions.

DESCRIPTIO

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Drug Interactions

circulation, more than a single dose of Hyper

Rho(D) positive infant, providing the following criteria are met:

Rh(D) Immune Globulin (Human). A screening test to detect fetal red blood cells may be helpful in such cases.

CLINICAL PHARMACOLOGY

the fraction II solution is adjusted to a final concentration of 0.3% tri-n-butyl fraction II. The fraction II solution is then isolated from solubilized Cohn plasma. The immune globulin is isolated from solubilized Cohn fraction II by gel filtration to yield a 30% product. The product is then added to Hyper

Rh(D) positive infant, (12) providing the following criteria are met:

occurring during a delivery of an Rh(D) positive infant, abortion (either spontaneous or negative mother by Rh(D) positive red cells entering the maternal circulation during a latter part of pregnancy or following delivery. (10) Bowman and Pollock (11) have reported that the incidence of isoimmunization can be further reduced from approximately 1.6% to 0.4% to 0.7%.

INTESTINAL LYM PHOCYTES

The removal and inactivation of spiked model enveloped and non-enveloped viruses is achieved during the treatment of solubilized Cohn fraction II with TNBPS/sodium cholate.

INFECTION AGENTS

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creutzfeldt-Jakob disease (CJD) agent that can cause disease. The risk that such donors for prior exposure to certain viruses, by testing for the presence of certain current virus infections, and by inactivating and/or removing certain viruses.

INFECTION AGENTS

ALL infections thought by a physician possibly to have been transmitted by this fraction II with TNBPS/sodium cholate.

INFECTION AGENTS

Pregnancy and Other Obstetric Conditions Pertaining to Rh Negative

Pregnancy and Obstetric Conditions

Rh(D) Immune Globulin (Human) can prevent hemolytic disease of the newborn, provided Rh positive antibodies do not already reside in your bloodstream.

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Hyper Rh(D) Immune Globulin (Human) can prevent hemolytic disease of the newborn, provided Rh positive antibodies do not already reside in your bloodstream.

Rh(D) Immune Globulin (Human) is a globulin with a high level of preferred antibodies against Rh positive red blood cells. The injection of Hyper Rh(D) Immune Globulin (Human) to Rh negative women by their Rh negative mother and prevents the mother's immune system from producing Rh positive antibodies against the Rh positive fetal red cell. This can prevent Rh hemolytic disease of the newborn.

Rh(D) Immune Globulin (Human) Full Dose is administered during pregnancy when you feel a high risk of Rh hemolytic disease of the newborn.

Rh(D) Immune Globulin (Human) Full Dose is administered within 72 hours of delivery.

Rh(D) Immune Globulin (Human) Full Dose is administered at the 28th week of pregnancy.

Rh(D) Immune Globulin (Human) Full Dose is administered during pregnancy when you feel a high risk of Rh hemolytic disease of the newborn.

Rh(D) Immune Globulin (Human) Mini-Dose is not required if the blood type of the father or fetus can be determined to be Rh negative. Another injection of Hyper Rh(D) Immune Globulin (Human) Full Dose is administered within 72 hours of delivery of an Rh positive baby.

Rh(D) Immune Globulin (Human) Full Dose is administered during pregnancy when you feel a high risk of Rh hemolytic disease of the newborn.

Rh(D) Immune Globulin (Human) Mini-Dose (250 IU; 50 mcg) may be used to prevent immunization in Rh negative infants who have been transfused with Rh positive red blood cells.

Rh(D) Immune Globulin (Human) Full Dose is not recommended for women with a history of Rh positive antibodies against Rh positive red blood cells and those who are pregnant or nursing.

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Rh(D) Immune Globulin (Human) Full Dose is administered during pregnancy when you feel a high risk of Rh hemolytic disease of the newborn.
miscarriage or other termination of pregnancy occurring prior to 13 weeks' gestation, or due to injury or trauma.

Hemolytic disease of the newborn.

RHO(D) attacking baby’s blood cells and causes Rh incompatibility.

S/D Mini-Dose following delivery, miscarriage, or other obstetric conditions.

Rh incompatibility can occur any time after second trimester, and is divided by 15 mL to obtain the number of syringes of HyperHemoglobin

The dose is divided by 15 mL to obtain the number of syringes of HyperHemoglobin to be administered.

If the dose calculated results in a fraction, the next higher whole number of syringes should be administered (e.g., if 1.4, give 2 syringes). HyperHemoglobin Full Dose may still be given. Full-term deliveries can vary in their dosage requirements depending on the magnitude of the fetomaternotomy hemorrhage. One full dose syringe of HyperHemoglobin Full Dose is packed as 1500 IU; 300 mcg, preferably within 72 hours of delivery. Although a lesser degree of protection is afforded if Rh antibody is administered beyond the 72-hour period, HyperHemoglobin Full Dose provides sufficient antibody to prevent an immune response to Rh positive red cells.

RHO(D) Immunoglobulin (Human) is extremely rare, it has occurred. Elevated bilirubin levels have been reported in some individuals receiving multiple doses of RHO(D) Immunoglobulin following the transfusion of Rh positive blood to Rh negative recipients. The potential for Rh immunization with this product is indicated in the labeling under Rare Adverse Reactions and in the labeling under Rare Adverse Reactions.

The product contains no preservatives.

S/D should be administered during the 28th week of your pregnancy and another within 72 hours of delivery, miscarriage or other termination of pregnancy.

S/D immunization following delivery, miscarriage, or other obstetric conditions.

Pregnancy and Other Obstetric Conditions

In the case of a transfusion of Rh positive red cells to an Rh negative recipient, of 15 mL of red blood cells. (16) The total volume of HyperHemoglobin administered is multiplied by the hematocrit of the infant to determine the dosage. One full dose syringe of HyperHemoglobin Full Dose provides sufficient antibody to prevent an immune response to Rh positive red cells.

The dose is divided by 15 mL to obtain the number of syringes of HyperHemoglobin to be administered.

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