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hepatitis B immune globulin
(hep a-tite-see B im-yoo-nin glo-bu-lin)
BayHep B, Nabi-HB

Indications
Prevents hepatitis B infection in patients who are known to have been exposed, including neonates born to HBsAg-positive women, by providing passive immunity.

Action

Pharmacokinetics
Absorption: Slowly absorbed after IM administration.
Distribution: Unknown. Probably crosses the placenta.
Metabolism and Excretion: Unknown.
Half-life: 21 days.

TIME/ACTION PROFILE (development of anti-HBs antibodies)
ROUTE ONSET PEAK DURATION
IM 1–6 days 3–11 days 2–6 mo

Contraindications/Precautions
Contraindicated in: Hypersensitivity to immune globulins, glycerine, or thimerosal.

Use Cautiously in: Thrombocytopenia; IgA deficiency; Lactation: Lactation; OB: Has been used during pregnancy.

Adverse Reactions/Side Effects

Interactions
Drug-Drug: May interfere with the immune response to live-vaccines.

Route/Dosage
IM (Adults): 0.06 mL/kg (usual dose 3–5 mL) within 7 days of exposure, repeated 28–30 days after exposure.
IM (Neonates): 0.5 mL within 12 hr of birth.

NURSING IMPLICATIONS

Assessment
● For passive immunity, determine the date of exposure to infection. Hepatitis B immune globulin should be administered preferably within 24 hr but not later than 7 days after exposure to hepatitis B.
● Assess patient for signs of anaphylaxis (hypotension, flushing, chest tightness, wheezing, fever, dizziness, nausea, vomiting, diaphoresis) after administration. Epinephrine and antihistamines should be available for treatment of anaphylactic reactions.

Potential Nursing Diagnoses
Risk for infection (Indications)

Implementation
● Solution for injection is clear, slightly amber, and viscous. Keep refrigerated.
● If administered with hepatitis B virus vaccine, do not administer via same syringe or into same injection site.
● IM: Administer hepatitis B immune globulin (HBIG) in adults and children into the deltoid muscle or anterolateral thigh. The gluteal site should be used only in adults with injections of large volumes or when large volumes are divided into multiple doses.
● Do not administer IV.

Patient/Family Teaching
● Explain to patient the use and purpose of hepatitis B immune globulin therapy. Discuss methods of transmission and vaccination for prophylaxis.
Advise patient to report symptoms of anaphylaxis immediately.
Inform patient that pain, tenderness, swelling, and erythema at the injection site may occur after IM injections.

Evaluation/Desired Outcomes
Prevention of hepatitis B infection in exposed patients by providing passive immu-
nity.

Why was this drug prescribed for your patient?