

Rho(d) immune globulin (rhogam) essay sample



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BUSTER**

A mother who is 24 hours postpartum and blood type A Rh-negative is to be given RhoGAM. She tells the nurse that she was already given the RhoGAM when she was pregnant, and wants to know why she needs it again. How does the nurse explain the reason for needing it now and what procedure needs to be followed prior to the administration of the medication? The new mother needs to be advised that it is protocol to be administered RhoGAM if she is Rh-negative and is found not to be sensitized to anti-D antibodies (via indirect Coombs' test). The RhoGAM " dosage depends on gestation: 50 mcg (microdose) of D immunoglobulin is administered before 13 gestational weeks and 300 mcg is given thereafter (as prophylaxis). During the postpartum period, D immune globulin should be administered within 72 hours" (Kee, Hayes, McCuistion, 2009, p. 867). The nurse can explain in layman's terms what may happen when an Rh-negative woman bears an Rh-positive child for the first time.

She will be told that her body will produce anti-D " antibodies against incompatible Rh-positive blood" (Kee, et. al., 2009, p. 866) and " in later exposure, as with subsequent pregnancies, there is a more rapid IgG (secondary) immune response and increased potential for fetal hemolysis (rupture or destruction of red blood cells) in an Rh-positive fetus" (Kee, et. al., 2009, p. 866). In order to protect the viability of future fetuses, she must be given " a sterile concentrated solution of gamma globulin prepared from human serum containing antibodies to the Rh factor (D antigen), also expressed as anti-Rho(D) (Kee, et. al., 2009, p. 867). Prior to giving the initial RhoGAM injection (or infrequently as IV administration), the woman's blood type and Rh status must be determined. The nurse must then assess the

woman's understanding of her and baby's father's Rh status, as well as finding out if the woman has had prior pregnancies and their outcome; and also if she has ever received RhoGAM in the past. The healthcare team must follow agency protocol for Rh blood testing for the mother to be and baby at time of delivery, and also must find out if the woman has a history of allergy to immune globulin products.

It is also important to find out about the client's religious beliefs because some families may consider it a blood product. The nurse must also be diligent in getting written consent before administration. If they refuse, they must sign a refusal form (drug declined).

References

Kee, J. L., Hayes, E. R., & McCuiston, L. E. (2009). *Pharmacology A Nursing Process*

Approach. St. Louis, MO: Saunders Elsevier