



IVIG ORDER

Patient Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies / Sensitivities (include types of reactions) \_\_\_\_\_

DIAGNOSIS: (specify with ICD-10): \_\_\_\_\_ Height: \_\_\_\_\_ ft \_\_\_\_\_ in Actual Weight: \_\_\_\_\_ kg

PLEASE FAX: [ ] Clinical Documents [ ] Labs [ ] Demographics [ ] Insurance Information

- 1. IVIG PHARMACY TO DOSE: Octagam 10% [ ] Low IgA content required, Pharmacy to dispense Gammaplex [ ] OTHER: \_\_\_\_\_

Initial order: \_\_\_\_\_ gm/kg divided over 2 – 5 days;
Maintenance order: \_\_\_\_\_ gm/kg divided over 2 – 5 days every \_\_\_\_\_ weeks
Duration: \_\_\_\_\_ Refills OR \_\_\_\_\_ weeks (Maximum duration of 1 year)

- 2. Administration Site:
• Will this medication be administered at: [ ] Home Health Care [ ] Infusion Suite [ ] MD Office (Please disregard remaining questions)

- 3. PREMEDICATION – Administer 15 – 30 minutes prior to IVIG infusion (Please select orders that apply)
[ ] Acetaminophen (Tylenol) 500 mg PO 1-2 tabs q6h PRN #30 [ ] Ondansetron 4 mg ODT 1-2 tabs q8h PRN #30
[ ] Famotidine (Pepcid) 20 mg IV or IVP [ ] Decadron 4 mg PO
[ ] Solu-Medrol 125 mg IV or IVP [ ] Decadron 10 mg IV

- 4. PRN MEDICATION (Please select orders that apply)
[ ] Toradol 15 – 30 mg IV q6h PRN (MAX 60 – 120 mg/day) [ ] NS 100 – 1000 ML IV PRN #1000 mL
[ ] Ondansetron 8 mg ODT 1-2 tabs q8h PRN #30 [ ] Diphenhydramine (Benadryl) 25 mg PO 1-2 tabs PRN
[ ] Ondansetron 4 mg IV [ ] Other: \_\_\_\_\_

- 5. ANAPHYLACTIC MEDICATION (Please select orders that apply)
[ ] Diphenhydramine (Benadryl) 25 mg PO 1-2 tabs q4-6h PRN (MAX 300 mg/day) #30, mild
[ ] Diphenhydramine (Benadryl) 50 mg IV or IM 0.5 – 1 mL q2-4h PRN (MAX 300 mg/day) #10, moderate
[ ] EpiPen 2-Pak, 0.3 mg SQ PRN then repeat in 20 mins # 1 box, severe OR
[ ] Epinephrine 1:1000 vial (0.3-1.0 mL) SQ PRN #3 vials, severe

- 6. REACTION MANAGEMENT
• For common reactions (including fever, headache, nausea, or vomiting)
- Temporarily stop or slow infusion rate to that previously tolerated by patient and treat symptoms as required.
• For chills or rigors
- Decrease infusion rate to that previously tolerated by patient and notify physician
• For serious reactions (including hypotension, angioedema, bronchospasms, dyspnea, and anaphylaxis) contact physician
- Stop infusion, notify physician and treat symptoms as required.
- Begin IV of 0.9% Sodium Chloride at 10mL/hr to keep line open (may administer 250 mL fluid bolus PRN hypotension).
- Adults – Administer diphenhydramine 25 mg IVP (may repeat x 1 if needed), epinephrine 0.3mg IM
- Once stable and physician agrees – restart IVIG and decrease infusion rate to that previously tolerated by patient.

- 7. FLUSHES (Please select orders that apply)
[ ] 0.9% Sodium Chloride 3-10 mL flush before, between and after medication administration.
[ ] Heparin 100 units/ mL 3-5 mL flush after last 0.9% Sodium Chloride flush to maintain patency of catheter.

- 8. MONITORING
Vital signs and temperature pre-infusion, then 15 minutes after the start of infusion for new patients who are being titrated; then PRN, then 15-30 minutes after infusion completion.

- 9. NURSING
• Establish nursing arrangement for IV start/restart and/or catheter maintenance. Nurse may re-sight peripheral IV as needed. Nurse to discontinue catheter at completion of therapy if peripheral.
• Provide all necessary equipment and supplies for catheter care and administration of medication.
• Labs to be drawn and monitored by physician.

10. OTHER: \_\_\_\_\_

Doctor Info

Dr. \_\_\_\_\_ DEA: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_