



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 Gammalex [] 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: _____