



IV Immune Globulin (IVIG) Order Form

DEMOGRAPHICS

Patient Name: _____ Date of Birth: _____ Gender: F M
 Home Phone: _____ Cell: _____ Work: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Legally Responsible Representative: _____ Relationship to Patient: _____

Diagnosis: Primary Immune Deficiency Idiopathic Thrombocytopenia Purpura (ITP) HIV
IDC-10: Multiple Sclerosis (MS) Chronic Lymphocytic Leukemia (CLL) Allogenic BMT
 Kawasaki's Disease Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
 Myasthenia Gravis Other: _____
 Has the patient previously received IVIG? No Yes - What brand? _____
 Previous reaction to IVIG? No Yes - Please explain: _____
 Past Medical History (RPh may recommend additional premedication):
 Migraine Thrombosis Diabetes Renal dysfunction

Medication Orders:

Dose/Frequency: RPh will round to nearest package esize **Dose based on IBW for obese patients
 _____ g/kg (0.4-2 g/kg) IV every _____ day(s) week(s) for _____ doses week(s) months,
 then _____ g/kg (0.4-2 g/kg) IV every _____ day(s) week(s) for _____ doses week(s) months
 Specific brand (if patient is intolerant to particular brand): _____
 ♦ Do not infuse other medications through the same line as IVIG.
 ♦ Following manufacturer's recommendations, initiate infusion at low end of range (usually around 30 ml/hr) x 15 minutes. Increase slowly every 15 minutes if tolerated until entire dose is infused.
 ♦ **Slow infusion**, notify physician, and administer reaction management medications if indicated for onset of flushing, fever, nausea, diaphoresis, hypotension, urticaria, chills, dizziness, headache, bodyaches, vomiting, myalgia, chest tightness, tachycardia, or shortness of breath.
 ♦ **Stop infusion**, administer reaction management medications, activate EMS, and notify physician for onset of life threatening hypersensitivity reactions including anaphylaxis, acute renal insufficiency, thrombotic events, or septic meningitis.

Premedication (15 to 30 minutes before infusion):
 Diphenhydramine: 50mg IV 25mg IV
 Acetaminophen: 1000mg PO 500mg PO
 Other: _____

To Manage Infusion Reactions:
 ♦ Infusion Reaction Management per Infusion Solutions Protocol:
 ● Acetaminophen 500mg (1,000mg if severe) PO Q4h PRN aches or temperature increases $\geq 2^\circ\text{F}$
 ● Diphenhydramine 50mg IV x1 dose PRN urticaria, pruritis, or SOB
 ● Epinephrine 1:10,000: 0.1mg IV slowly over 5 min PRN anaphylaxis. May repeat Q 5 to 15 min x3.
 Other: _____

Nursing Orders:

♦ If no central IV access, RN to insert peripheral IV, rotate site every 72 to 120 hours or as needed.
 ♦ Obtain weight before each dose.
 ♦ Monitor vital signs (temp, HR, RR, BP) before therapy, every 15 min x 1 hour, every hour, and at completion of infusion.
 ♦ If an infusion reaction occurs, decrease rate by 30ml/hr every 15 minutes and monitor vital signs until symptoms subside. If reaction persists or worsens, stop infusion and notify physician.
 Other: _____

 Prescriber Signature Date

 Please Print Name NPI