



IV Immune Globulin (IVIG) Order Form

DEMOGRAPHICS

PatientName: _____ DateofBirth: _____ Gender: FM
 Home Phone: _____ Cell: _____ Work: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 LegallyResponsibleRepresentative: _____ RelationshiptoPatient: _____

Diagnosis: Primary Immune Deficiency Idiopathic ThrombocytopeniaPurpura(ITP) HIV
IDC-10: MultipleSclerosis(MS) Chronic LymphocyticLeukemia(CLL) AllogenicBMT
 Kawasaki'sDisease Chronic Inflammatory Demyelinating Polyneuropathy(CIDP)
 MyastheniaGravis Other: _____
 Has the patient previously received IVIG? No Yes -Whatbrand? _____
 Previous reaction to IVIG? No Yes -Pleaseexplain: _____
 Past Medical History (Rph may recommend additionalpremedication):
 Migraine Thrombosis Diabetes Renaldysfunction

Medication Orders:

- ◆ Alteplase2mgIVtotoclotcentralIVaccessperInfusionSolutionsprotocolsneededforocclusion.
- ◆ FlushlinewithD5W,0.9%NaCland/orHeparin10units/mlor100units/mlperInfusionSolutionsprotocol.
- ◆ Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1ratio).

Dose/Frequency: Rph will round to nearestpackageize **Dose based on IBW for obesepatients
 _____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 particularbrand): _____
- ◆ Do not infuse other medications through the same line asIVIG.
- ◆ 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 isinfused.
- ◆ **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 ofbreath.
- ◆ **Stop infusion**, administer reaction management medications, activate EMS, and notify physician for onset of life threateninghypersensitivityreactionsincludinganaphylaxis,acuterenalinsufficiency,thromboticevents,oraseptic meningitis.

Premedication (15 to 30 minutes before infusion):

Diphenhydramine: 50mgIV 25mgIV
 Acetaminophen: 1000mgPO 500mgPO
 Other: _____

To Manage InfusionReactions:

- Methylprednisolone 125mg IV x1 dose PRN severe urticaria, pruritis, orSOB
- ◆ Infusion Reaction Management per Infusion SolutionsProtocol:
 - Acetaminophen 500mg (1,000mg if severe) PO Q4h PRN aches or temperature increases≥2°F
 - Diphenhydramine 50mg IV x1 dose PRN urticaria, pruritis, orSOB
 - 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 asneeded.
- ◆ Obtain weight before eachdose.
- ◆ Monitorvitalsigns(temp,HR,RR,BP)beforetherapy, every15minx1hour,everyhour,andatcompletionofinfusion.
- ◆ Ifaninfusionreactionoccurs,decreaserateby30ml/hrevery15minutesandmonitorvitalsignsuntilsymptoms subside. If reaction persists or worsens, stop infusion and notifyphysician.
- Other: _____

Labs: Serum Creatinine (recommend at least every6months) every _____
 every _____

PrescriberSignature

Date

Please Print Name

NPI