IV Immune Globulin (IVIG) Order Form

Patient Name: M F Date of Birth:

Address: Patient Phone:

Insurance Info: Medicare Other: ID#

Emergency Contact: Contact Phone:

Allergies: Height: Weight:

Diagnosis: Primary Immune Deficiency Idiopathic Thrombocytopenia Purpura (ITP) HIV
ICD-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:

- Flush Line with DSW and/or 0.9% NS pre and post medication, Heparin 10 units/ml or 100 units/ml per protocol as final flush
- Alteplase 2 mg IV to declot central IV access per protocol as needed for occlusion
- Supplies for external drug infusion pump, per cassette or bag

Dose/Frequency: RPH will round to nearest package size **Dose based on IBW for obese patients
________g/kg (0.4-2g/kg) IV every______ day(s) week(s) for________ doses week(s) months,
then________g/kg (0.4-2g/kg) IV every______ day(s) week(s) for________ doses week(s) months,
Specific brand (if patient is intolerant to a particular brand):

- Do not infuse other medications through the same line as IVIG
- Following manufacturer's recommendations, initiate infusion at low end of range
  Increase slowly every l5-30 minutes if tolerated until entire dose is infused

Premedication (15-30 minutes before infusion):

Diphenhydramine 50 mg IV 25 mg IV
Acetaminophen 1000 mg PO 500 mg PO
Other:

To Manage Infusion Reactions:

Anaphylactic Kit and Orders per Protocol:
Adverse reaction medications to be maintained in the patient's home & administered as necessary:

- Diphenhydramine 50 mg IV x 1 dose
- Epinephrine 1:1000 IM x 1 dose
- 500 ml of NS IV x 1 dose

Nursing Orders:

- If no central IV access,R N may insert peripheral IV, rotate site as needed
- Pre-Infusion Lab Work CMP CBC w/Diff IG Levels Other:
- 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
- Other:

Physician Signature: Date of Signature:

Physician Printed Name:

MD Office Contact Name: Phone: