



**IV Immune Globulin (IVIG) Order Form**

**DEMOGRAPHICS**

PatientName: \_\_\_\_\_ DateofBirth: \_\_\_\_\_ Gender: F M  
 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:**

- ◆ Alteplase2mgIV todeclotcentralIV accessperInfusionSolutionsprotocolsneededforocclusion.
- ◆ FlushlinewithD5W, 0.9%NaCl and/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 nearestpackage size \*\*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 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, decrease rateby30ml/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