

Patient Information

Date:		Requested Start of Care Date:	
Patient name:		State of residence:	
Date of birth :	Height:	Weight:	lb kg
Primary Diagnosis:		ICD-10:	
Secondary Diagnosis:		ICD-10:	
IV Access:	Peripheral	PICC	Port Central Line Other: _____
Allergies:	NKDA	Pump Requested:	Yes No

Immune Globulin Orders (doses will be rounded to the nearest 5 gm vial)

Treatment Naive:	Yes	No	Prior Ig Products Tried:
Loading Dose:	Yes	No	
IVIG: Administer _____ total grams over _____ days		OR	IVIG: Administer _____ grams/kg over _____ days
Maintenance Dose:			
IVIG: Administer _____ total grams over _____ days		OR	IVIG: Administer _____ grams/kg over _____ days
Other Regimen:			
Pharmacy to select brand		Dispense as written (Select one brand below)	
10%	Gammagard	Gammaked	Gammaplex Gamunex C Flebogamma DIF Octagam Privigen
5%	Gammaplex	Flebogamma DIF	Octagam
Powder	Gammagard SD LIGA concentration	5% 10%	Carimune NF concentration 6% 12%
Repeat every _____ weeks _____ months for a total of _____ courses (+/- _____ days for scheduling flexibility)			
Titrate infusion per manufacturer guidelines to maximum rate tolerated by patient.			
Infuse as specified by MD:			
Refill _____ months (12-month maximum – Unless noted, all prescriptions will be valid 1 year from date signed.)			

Premedication Orders / Other Orders

Decline

Anti-histamine - sedating	Diphenhydramine 25mg to 50 mg orally 30 - 60 minutes before infusion	(Standard Supply)
Anti-histamine - low/non-sedating	Loratadine 10 mg orally 30 - 60 minutes before infusion	
Analgesic	Acetaminophen 325mg to 650 mg orally 30 - 60 minutes before infusion	(Standard Supply)
Analgesic - NSAID	Ibuprofen 400 mg orally 30 - 60 minutes before infusion. May cause GI upset; take with food.	
Other Orders:		

IV Maintenance (Dispense quantity sufficient)

Sodium Chloride 0.9% PFS 10 mL	Flush IV access device with sodium chloride 3 –10 mL as needed to maintain patency. (Standard Supply)
Heparin 10 units/mL 5 mL PFS	Flush peripheral IV access device with Heparin 10 units/mL 1–5 mL as needed to maintain patency.
Heparin 100 units/mL 5 mL PFS	Flush central IV access device with Heparin 100 units/mL 3–5 mL as needed to maintain patency. (Standard Supply)
EMLA cream 2.5%/2.5% (or generic equivalent)	Apply topically 30–60 minutes prior to needle insertion as needed for discomfort.

Patient name:	State of Residence:
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Anaphylaxis Orders (Dispense quantity sufficient based on weight)

Sodium Chloride 0.9% 500 mL	Stop IVIG, then start Sodium Chloride 0.9% at KVO or as directed by physician for anaphylactic reaction.
Epinephrine Inj 0.3mg/0.3ML (Epi-Pen)	Dosing based on weight, for use in case of anaphylactic reaction. Maximum dose of 0.3 mg.
Diphenhydramine 25 mg capsules	Dosing based on weight, for anaphylactic or adverse drug reaction. Maximum dose of 50 mg.
Diphenhydramine 50 mg/mL vial	Dosing based on weight. Administer 0.5 to 1 ML by slow IV push over 2 minutes for anaphylactic or adverse drug reaction. Maximum dose of 50 mg.
Other:	

Ancillary Supplies and DME Orders (Dispense quantity sufficient)

Ancillary supplies, including a disposable IV pole, for the infusion of IVIG via peripheral IV, port, or indwelling central catheter via gravity or by ambulatory infusion pump.

Nursing Orders

Nurse to obtain IV access via placement of peripheral IV or insertion of port needle when applicable. If IV access is not obtained after 3 attempts, nurse should contact Pharmacist at HSP for assistance.
Nurse to administer IVIG per physician orders.
Nurse to monitor vital signs prior to infusion, at every rate change, then every hour after achieving the maximum tolerated rate until the infusion is complete and at the end of the infusion.
Nurse to monitor and teach patient to monitor for side effects of IVIG infusion (nausea, vomiting, rash, headache, fever, chills, flu-like symptoms, increases or decreases in blood pressure). Nurse to slow the rate of infusion if patient begins experiencing side effects. If side effects are not resolved with rate reduction, nurse to contact Pharmacist at HSP or physician for further instruction.
Nurse to monitor for signs/symptoms of infection (generalized fever and/or malaise, IV site swelling, redness, drainage, warmth or pain). Nurse to notify Pharmacist at HSP or physician for further instruction.
Nurse to remove peripheral IV catheter after completion of infusion. May leave peripheral IV or port needle in place for each infusion cycle of therapy. Monitor for signs/symptoms of infection/infiltration.

Lab Orders

Lab-in-a-Box by HHLA is used for lab draws. Results will be faxed to the office the same day the kit arrives at laboratory (one day after drawn). Labs cannot be drawn on weekends or holidays. Not appropriate for STAT labs.

Labs to be drawn:

Frequency of labs:

Physician Information

Name:	NPI # :
Phone:	Fax :
Signature Required _____	Date _____

Prescription is VOID if the number of drugs prescribed is not noted: _____ 1 2 3 4 5