Infusion Solutions Inc.
Home Infusion & Specialty Pharmacy
134 Prince Avenue, Suite B
Bellingham, WA 98226
Phone (360) 933-4892
Fax (360) 933-1197

Patient Name: _____

Date of Birth: _____ Wt:_____Ht:_____

Allergies: _____

IV Immune Globulin (IVIG) Order Form

- **Orders are initiated unless crossed out by provider.**
- ❑ **Check box to initiate order.**

Please complete this form and fax to (360)933-1197

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 –_____
Past Medical History (RPh may recommend additional premedication):
❑ Migraine ❑ Thrombosis ❑ Diabetes ❑ Renal dysfunction

Medication Orders:

- Alteplase 2mg IV to declot central IV access per Infusion Solutions protocol as needed for occlusion.
- Flush line with D5W, 0.9% NaCl and/or Heparin 10 units/ml or 100 units/ml per Infusion Solutions protocol.
- Lidocaine 1% - up to 0.2ml intradermally PRN (may buffer with sodium bicarbonate 8.4% in 10:1 ratio).

Dose/Frequency: RPh will round to nearest package 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 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 15 to 30 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, body aches, 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 aseptic meningitis.

Premedication (15 to 30 minutes before infusion):

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

To Manage Infusion Reactions:

- ❑ Methylprednisolone 125mg IV x1 dose PRN severe urticaria, pruritis, or SOB
- Infusion Reaction Management per Infusion Solutions Protocol (adult doses listed below; adjusted for pediatrics):
  - Acetaminophen 500mg (1,000mg if severe) PO Q4h PRN aches or temperature increases ≥2°F
  - Diphenhydramine 50mg IV, PO, or IM 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 x 3.
    -OR- Epinephrine 1:1,000: 0.5 mg IM PRN anaphylaxis. May repeat Q 5 to 15 min x 3.
  - Oxygen at 8 L/min by mask or 4 L/min by nasal cannula PRN chest pain or SOB
- ❑ 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 x1 hour, every hour, and at completion of infusion.
- If an infusion reaction occurs, decrease rate by 30 ml/hr every 15 minutes and monitor vital signs until symptoms subside. If reaction persists or worsens, stop infusion and notify physician.
- ❑ Other: _____

Labs: ❑ Serum Creatinine (recommend at least every 6 months) every _____
❑ _____ every _____

_____ _____
Prescriber Signature *Date*

_____
Please Print Name