

INFUSION ORDERS - INTRAVENOUS IMMUNOGLOBULIN

PATIENT INFORMATION

Name: _____	DOB: _____	Height: _____	Weight: _____
Address: _____	Phone: _____	Allergies: _____	
City, State, Zip: _____	Email: _____		

REFERRAL STATUS

New Referral
 Dose or Frequency Change
 Order Renewal

DIAGNOSIS AND ICD-10 CODE

Diagnosis: _____ ICD-10 Code: _____

REQUIRED DOCUMENTATION/TESTING

<input type="checkbox"/> This signed order form by the provider	<input type="checkbox"/> Labs and Tests supporting primary diagnosis
<input type="checkbox"/> Patient demographics AND insurance information	<input type="checkbox"/> Clinical/Progress notes supporting primary diagnosis

MEDICATION ORDERS

No Brand Preference Preferred Product:
 Gammagard Liquid 10%
 Privigen 10%
 Octagam 10%
 Gamunex-C 10%
 Other _____

Pharmacist will select the product based on payor requirements, product availability, and indication unless otherwise noted.

IVIG _____ gm/day IV x _____ days every _____ weeks
 IVIG _____ gm/day IV divided over _____ days every _____ weeks
 IVIG _____

Dose will be calculated based on IBW

Refills*:
 None
 X 6 months
 X 1 Year
 Other: _____
 *(if not indicated order will expire one year from date signed)

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration
 RN to flush and lock VAD/CVAD per company protocol:

PREMEDICATION ORDERS

Acetaminophen 650mg or 1000mg PO prior to infusion
 Diphenhydramine 25mg or 50mg PO or IV prior to infusion
 Methylprednisolone 125 mg IV prior to infusion
 Other: _____

EMERGENCY MEDICATIONS

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (weight >40kg):

Diphenhydramine 25mg-50mg PO
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins
 Acetaminophen 325mg-650mg PO
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.3mg IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive
 Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

Pediatrics (weight <40kg): (may adjust with weight changes)

Diphenhydramine 25mg PO
 Diphenhydramine 25mg slow IV push over 2-5 mins
 Acetaminophen 325mg PO
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

PRESCRIBER INFORMATION

Prescriber Name: _____	NPI Number: _____
Office Phone: _____	Office Fax: _____
Prescriber Signature: _____	Date: _____