

Weight _____ kg (actual body weight) Weight _____ lb. (actual body weight)

Diagnosis: _____ ICD-10 Code: _____

1. Is this the first dose of IVIG for this patient?

- A. No
- B. Yes

Give one hour prior to start of Intravenous Immune Globulin infusion:

- 1. Acetaminophen 650mg orally times 1 dose
- Diphenhydramine 25mg orally times 1 dose
- Other: _____

IVIG administration:

1. A. IVIG _____ gm/kg (final dose to be determined by pharmacy)

Dosing weight: _____ kg (use IBW for all patients except patients weighing >30% of IBW)
If patient weighs > 30% IBW use adjusted body weight = $IBW + 0.4 (TBW - IBW)$
Calculated IVIG dose: _____ gm
RPH: _____

- B. IVIG _____ gm/kg (total dose)
- C. Frequency: Daily for _____ days weekly for _____ weeks monthly for _____ months
- D. Other: _____

- 2. Infuse IVIG over a period of NOT LESS than 2 hours. DO NOT administer as IV push or bolus.
- 3. When the infusion is complete, flush the line with Normal Saline 20mL to clear line of all active drug.
- 4. Do not infuse other medications into the IV line with IVIG.

Labs:

- CBC, SCr, HTC, HGb, prior to initial infusion prior to each infusion Other: _____
- Call prescriber if SCr > 1.5 or BUN > 50% baseline
- Other: _____

Vital Signs:

- 1. Take prior to infusion and every 30 minutes x2 then hourly during infusion and after each rate change.
- 2. Call physician if: systolic BP less than _____ mmHg or blood pressure greater than _____ mmHg, temperature greater than _____ °F

For moderate to severe infusion reaction:

- 1. Stop infusion and call rapid response immediately.
- 2. Oxygen by nasal cannula at 2 Liters per minute as needed for dyspnea.
- 3. Diphenhydramine 50mg IV push over 3 minutes.
- 4. Hydrocortisone sodium succinate 100mg IV push as needed for anaphylaxis
- 5. Notify ordering physician after patient stabilized. Hold all future doses.

Other: _____

Ordering Providers Signature _____ Date _____ Time _____

Cosigning Providers Signature (if required) _____ Date _____ Time _____



M.IVIGO

**AIS
INTRAVENOUS IMMUNE
GLOBULIN (IVIG)
ORDERS**

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