Aultman Infusion Services 2600 Sixth St. SW Canton, OH 44714
Ph 330-363-1410 Fax 330-363-2380

Infusion Order – IVIG

Name: ____ **DOB:** ______________________________
Address: ____ **City:**________________ **State:** ______**Zip:** _________
Diagnosis: ____ **ICD-10:** ___________________________
Allergies: ____
Actual Weight: _____________ Kg **Weight used to calculate dose:** ___________Kg

Treatment regimen

- **Please check each of the following pre-medications that apply:**
  - ☐ **Acetaminophen** ______ mg po
  - ☐ **Diphenhydramine** ______ mg po
  - ☐ **Diphenhydramine** ______ mg IV push
  - ☐ **Methylprednisolone** ______ mg IV push
  - ☐ **Other** ____

- **IVIG __________ mg/Kg x __________ Kg = __________ mg = __________ Gm**
  - ☐ Infuse per manufacturer prescribing information or per patient tolerance
  - ☐ Alternate infusion instructions____
    ____

- **Dispense the following IVIG product:** ☐ **Gammagard** ☐ **Privigen**

- **Flush IV line with 30-50mL 0.9% NaCl following completion of IVIG infusion**
- **Flush IV line using 10mL 0.9% NaCl flushes for IV start and as required**

- **Please check one of the following frequencies**
  - ☐ Administer as a single infusion every ______ weeks
  - ☐ Administer divided into 2 doses over 2 consecutive days every ______ weeks
  - ☐ Other ____
- Dose rounded to the nearest full vial/combination of vials - ________**Gm**
- Observe patient for at least 30 minutes following the completion of the infusion for possible infusion-related reactions

Duration of Order: 1 year (unless otherwise specified: ______________________________)

Rescue medications to be given for anaphylactic reactions (patients >40kg):

- **Epinephrine** 1:1000, 0.3mg (0.3mL) IM x 1, may repeat every 5-15 minutes x 2 doses (or sooner if clinically indicated) if the patient does not respond.
- **Diphenhydramine** 50mg IV Push x 1 over 2 minutes
- **Sodium Chloride 0.9% 250mL** IV x 1 at 250mL/hour

Additional orders____
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Physician Signature: ______________________________________**Print:**_____________________________________

Date: ____________________ **Phone:** ______________________________ **Fax:** ______________________________