ADVANCED
INFUSION CENTER

Intravenous Immune Globulin

Physician's Orders

Patient Name: _____DOB: _____ Wt._____

Dx: _____ ICD10 code:_____

Allergies: _____J Code: _____ CPT Code: 96365/96366

Product: _____Grams every _____week x 1 year

Premedicate 30 min prior to infusion:

Tylenol _____mg PO ☐ Benadryl ☐ 25mg ☐ 50mg ☐ PO ☐ I.V. Other: _____

Start IV with ☐ NS ☐ D5W ☐ TKO ☐ Hydration pre/post IVIG _____ml.

☐ IVIG per protocol.

Start rate of 50ml/hr.

Increase rate by 50 ml/hr. every 30 minutes to maximum rate of 200ml/hr.

OR

☐ Infuse IVIG as follow: _____

Monitor and document Vital Signs prior to infusion then post infusion and PRN.

If hypersensitivity or infusion reaction occurs:

☐ Stop IVIG, and start Normal Saline @_____ml/hr.

☐ Give Benadryl _____mg IVP.

☐ Give _____ and Call physician.

For Anaphylaxis call physician and give:

Epinephrine 1:1000, .5mg SQ, repeat twice at 20 min. intervals.

Oxygen by nasal cannula @ 2-5L/min PRN chest paint or dyspnea.

Physician Signature: _____Date: _____

Physician Name: _____

Office Phone: _____Fax: _____

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