

PHYSICIAN ORDERS

Diagnosis _____

Weight _____

Allergies _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Communication

There are over 150 off label uses reported for IVIG. The following are FDA approved uses and some common off label uses.

Ideal body weight will be used for dosing of IVIG unless actual body weight is less than ideal body weight or the patient is under 5 feet in height.

Adjusted body weight will be used in patients weighing greater than 120% of ideal body weight.

Doses will be rounded to the nearest vial size if within 10% of the ordered dose to avoid waste.

Outpatient is the preferred location for administration unless inpatient administration is clinically necessary.

Medications

Medication sentences are per dose. You will need to calculate a total daily dose if needed.

PreMedications for IVIG

Administer 30 minutes prior to IVIG infusion

acetaminophen

650 mg, PO, tab, ONE TIME

Administer 30 minutes prior to IVIG infusion.

Do not exceed 4,000 mg of acetaminophen from all sources in 24 hours

diphenhydrAMINE

25 mg, PO, cap, ONE TIME

Administer 30 minutes prior to IVIG infusion

25 mg, IVPush, inj, ONE TIME

Administer 30 minutes prior to IVIG infusion

50 mg, PO, cap, ONE TIME

Administer 30 minutes prior to IVIG infusion

50 mg, IVPush, inj, ONE TIME

Administer 30 minutes prior to IVIG infusion

hydrocortisone

100 mg, IVPush, inj, ONE TIME

Administer 30 minutes prior to IVIG infusion.

Indications

Hypogammaglobulinemia (primary immunodeficiency disorder); Severe Combined Immune Deficiency (SCID); Common Variable Immunodeficiency (CVID); X-linked or Autosomal Recessive Agammaglobulinemia

Administer 0.2-0.8 g/kg every 3-4 weeks

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UMC Health System IMMUNE GLOBULIN (IVIG) PLAN	Patient Label Here
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PHYSICIAN ORDERS

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	immune globulin intravenous (IVIG) <input type="checkbox"/> 0.2 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.4 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.6 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.8 g/kg, IVPB, iv soln, ONE TIME <div style="float: right;"> <input type="checkbox"/> 0.3 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.5 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.7 g/kg, IVPB, iv soln, ONE TIME </div>
	Post-Transfusion Purpura; Guillain-Barre syndrome; Stiff person syndrome; Dermatomyositis (refractory); Myasthenia Gravis; Autoimmune Mucocutaneous Blistering Skin Diseases Administer 2 g/kg in divided doses over 2-5 days immune globulin intravenous (IVIG) <input type="checkbox"/> 1 g/kg, IVPB, iv soln, q24h, x 2 dose Max 2,000 mg/kg total <input type="checkbox"/> 0.667 g/kg, IVPB, iv soln, q24h, x 3 dose Max 2,000 mg/kg total <input type="checkbox"/> 0.5 g/kg, IVPB, iv soln, q24h, x 4 dose Max 2,000 mg/kg total <input type="checkbox"/> 0.4 g/kg, IVPB, iv soln, q24h, x 5 dose Max 2,000 mg/kg total
	Chronic Inflammatory Demyelinating Polyneuropathy Loading dose: 2 g/kg in divided doses over 2-5 days. Maintenance: 1 g/kg every 3 weeks Load dose: immune globulin intravenous (IVIG) <input type="checkbox"/> 1 g/kg, IVPB, iv soln, q24h, x 2 dose, Chron inflam demyelinat polyneuropath Max 2,000 mg/kg total <input type="checkbox"/> 0.667 g/kg, IVPB, iv soln, q24h, x 3 dose, Chron inflam demyelinat polyneuropath Max 2,000 mg/kg total <input type="checkbox"/> 0.5 g/kg, IVPB, iv soln, q24h, x 4 dose, Chron inflam demyelinat polyneuropath Max 2,000 mg/kg total <input type="checkbox"/> 0.4 g/kg, IVPB, iv soln, q24h, x 5 dose, Chron inflam demyelinat polyneuropath Max 2,000 mg/kg total
	Maintenance dose: immune globulin intravenous (IVIG) <input type="checkbox"/> 1 g/kg, IVPB, iv soln, Every 3 weeks
	Chronic Lymphoid Leukemia immune globulin intravenous (IVIG) <input type="checkbox"/> 0.4 g/kg, IVPB, iv soln, ONE TIME, Chronic lymphoid leukemia
	Wiskott-Aldrich Syndrome Administer 0.4-0.6 g/kg every 3-4 weeks immune globulin intravenous (IVIG) <input type="checkbox"/> 0.4 g/kg, IVPB, iv soln, ONE TIME, Wiskott-Aldrich syndrome <input type="checkbox"/> 0.6 g/kg, IVPB, iv soln, ONE TIME, Wiskott-Aldrich syndrome <div style="float: right;"> <input type="checkbox"/> 0.5 g/kg, IVPB, iv soln, ONE TIME, Wiskott-Aldrich syndrome </div>

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	Idiopathic Thrombocytopenia Purpura (ITP) immune globulin intravenous (IVIG) <input type="checkbox"/> 1 g/kg, IVPB, iv soln, q24h, x 2 dose, Idiopathic thrombocytopenia purpura -ITP
	Multifocal Motor Neuropathy May increase up to 2.4 g/kg/month based on response immune globulin intravenous (IVIG) <input type="checkbox"/> 0.5 g/kg, IVPB, iv soln, ONE TIME, Multifocal motor neuropathy
	Kawasaki Syndrome immune globulin intravenous (IVIG) <input type="checkbox"/> 2 g/kg, IVPB, iv soln, ONE TIME, Kawasaki syndrome
	Eaton-Lambert Syndrome immune globulin intravenous (IVIG) <input type="checkbox"/> 1 g/kg, IVPB, iv soln, q24h, x 2 dose, Other
	Anemia due to Pure Red Cell Aplasia (Chronic Parvovirus B19 infection) immune globulin intravenous (IVIG) <input type="checkbox"/> 0.4 g/kg, IVPB, iv soln, q24h, x 5 dose, Other
	Alloimmune Thrombocytopenia (Refractory to Platelet Transfusions) For mother - Administer weekly throughout pregnancy immune globulin intravenous (IVIG) <input type="checkbox"/> 1 g/kg, IVPB, iv soln, ONE TIME, Other
	For neonate - administer 1 g/kg. More than one dose may be required immune globulin intravenous (IVIG) <input type="checkbox"/> 1 g/kg, IVPB, iv soln, ONE TIME, Other
	Hemolytic Disease of the Newborn May order a second dose in 12 hours if needed immune globulin intravenous (IVIG) <input type="checkbox"/> 0.5 g/kg, IVPB, iv soln, ONE TIME, Other <input type="checkbox"/> 1 g/kg, IVPB, iv soln, ONE TIME, Other
	Staphylococcal or Streptococcal Toxic Shock Syndrome immune globulin intravenous (IVIG) <input type="checkbox"/> 2 g/kg, IVPB, iv soln, ONE TIME, Other
	Other

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ORDER	ORDER DETAILS
	immune globulin intravenous (IVIG) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 0.2 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.4 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.6 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.8 g/kg, IVPB, iv soln, ONE TIME </div> <div style="width: 45%;"> <input type="checkbox"/> 0.3 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.5 g/kg, IVPB, iv soln, ONE TIME <input type="checkbox"/> 0.7 g/kg, IVPB, iv soln, ONE TIME </div> </div>

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