Memorial Healthcare System

IMMUNE GLOBULIN INTRAVENOUS (IVIG)

PATIENT INFORMATION / REFERRAL STATUS

Referral Status: □ New Referral □ Updated Order □ Order Renewal **Date:** _____

Patient Name: _____ DOB: _____

ICD-10 Code: _____ ICD-10 Description/Diagnosis: _____

Allergies: □ NKDA Allergies: _____ Weight: _____ □ lbs/□ kg Height: _____

Patient Status: □ New to Therapy □ Continuing Therapy Last Treatment Date: _____ Next Due Date: _____

PROVIDER / PRACTICE INFORMATION

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip: _____

Referral Coordinator Name: _____ Email: _____ Alternative Phone Number: _____

REFERRING PROVIDER COMMUNICATIONS

□ I have reviewed the prescribing information and medication guide for the specified IVIG product ordered.

- Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation.
- Thrombosis and renal dysfunction/acute renal failure may occur with immune globulin (IG) products. Ensure adequate hydration in patients before administration. Periodic monitoring of renal function tests and urine output. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.

NURSING PROTOCOL COMMUNICATIONS

☒ Provide nursing care, vital signs, monitoring according to Memorial Outpatient Procedures. Establish/maintain IV access and administer medication as ordered. Remove peripheral IV access after infusion completion if applicable. Follow infusion-related/hypersensitivity reactions management according to MHS Outpatient Adverse Reaction Protocol available for review on at mhs.net/services/pharmacy/infusion-services/outpatient-infusion.

☒ Discharge/Follow-up instructions according to Memorial Outpatient Procedures.

LABORATORY ORDERS

□ ***CBC with Diff:*** □ Once □ Every Visit □ Every ____ months

□ ***Comprehensive Metabolic Panel:*** □ Once □ Every Visit □ Every ____ months

□ ***IgG, IgA, IgM:*** □ Once □ Every Visit □ Every ____ months

□ ***Gamma GT:*** □ Once □ Every Visit □ Every ____ months

□ ***Lymphocyte subset panel 5 (T3/4/8/B/NK):*** □ Once □ Every Visit □ Every ____ months

PRE-MEDICATION ORDERS (30-60 Minutes Prior to Therapy)

□ Acetaminophen (Tylenol) 650 mg PO

□ Diphenhydramine (Benadryl) □ 25 mg □ 50 mg □ PO □ IV **OR**

□ Cetirizine (Zyrtec) or Loratadine (Claritin) 10 mg PO

□ Methylprednisolone (Solu-Medrol) □ 40 mg □ 125 mg IV **OR**

□ Dexamethasone (Decadron) □ 8 mg □ 20 mg PO

□ Sodium chloride 0.9% carrier fluid 250 mL

□ Other: _____ Dose: _____ Route: _____ Frequency/Timing: _____

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THERAPY PLAN

IVIG Product (Select One Only):

☐ MHS Pharmacy to select product based on payor requirements, product availability, and indication.

OR

☐ Privigen 10%	☐ Gammagard S/D 5%	☐ Octagam 5%
☐ Asceniv 10%	☐ Gammagard S/D 10%	☐ Octagam 10%
☐ Alyglo 10%	☐ Gammaked 10%	☐ Panzyga 10%
☐ Gammagard Liquid 10%	☐ Gamunex-C 10%	☐ Qivigy 10%

NOTE (Dosing Weight):

- Patients with BMI < 18.5 are dosed using Actual (Recorded) body weight
- Patients with BMI 18.5 - 30 and NOT pregnant are dosed using Ideal body weight
- Patients with BMI 18.5 to 30 and pregnant are dosed using Actual (Recorded) body weight
- Patients with BMI > 30 are dosed using Adjusted body weight

Dose:

☐ 0.2 gm/kg ☐ 0.3 gm/kg ☐ 0.4 gm/kg ☐ 0.5 gm/kg ☐ 0.8 gm/kg ☐ 1 gm/kg ☐ 2 gm/kg

☐ _____ gm ☐ _____ gm/kg

Frequency:

☐ Daily ☐ Weekly ☐ Every 2 Weeks ☐ Every 3 Weeks ☐ Every 4 Weeks ☐ Other: _____

Number of Treatments: _____

Volume of Maintenance Fluids (0.9% NaCl): ☐ 250 mL ☐ 500 mL ☐ 1000 mL

Route: ☒ IV ☐ SQ ☐ IM

Additional Administration Instructions:

Diluent/Volume/Concentration/Special tubing/Filters/Rate will be in accordance with the product package insert.*

☒ Flush with 0.9% sodium chloride at completion per protocol or medication-specific instructions

Note to Pharmacy/Comments:

_____

_____

Refills: ☐ Zero ☐ for 12 months ☐ Other:_____

(if not indicated, order will expire one year from date signed)

_____	_____	_____
Provider Name (Print)	***Provider Signature***	***Date***

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Adverse Reaction Management Protocol (Adult)

Observe patient for infusion related and hypersensitivity reactions such as fever, chills, rigors, pruritus, rash, cough, sneezing, throat irritation, nausea, vomiting.

If reaction occurs:

- Stop infusion and assess patient.
- Maintain or establish vascular access if needed
- **Administer emergency medication(s) according to symptoms:**

☒ Acetaminophen 650 mg PO once PRN headache, pain, fever >100.4F, chills or rigors.

☒ Diphenhydramine 50 mg IV once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction **OR**

☒ Diphenhydramine 50 mg IM once PRN itching, allergies, infusion reaction, hives, pruritic and other nonspecific symptoms of allergic reaction (if no IV access)

☒ Dexamethasone 10 mg IV once PRN shortness of breath or wheezing **OR**

☒ Dexamethasone 10 mg IM once PRN shortness of breath or wheezing (if no IV access)

☒ Ondansetron 4 mg IV once PRN nausea, vomiting **OR**

☒ Ondansetron 4 mg IM once PRN nausea, vomiting (if no IV access)

- May re-start therapy if appropriate when symptoms resolve. Resume infusion at 50% of the previous rate and increase per manufacturer's guidelines.

If a severe allergic/anaphylactic reaction occurs

- Symptoms are rapidly progressing or continuing after administration of PRN medications and/or signs and symptoms of severe allergic/anaphylactic reaction (angioedema, swelling of the mouth, tongue, lips, or airway, dyspnea, bronchospasm with or without hypotension or hypertension)

☒ Notify the Rapid Response / Rescue Alert Team / Blue Alert / 911.

☒ Initiate BLS/ Cardiopulmonary resuscitation if necessary.

☒ Administer Epinephrine 0.3 mg intramuscularly, every 5 MIN PRN rapidly progressing or continuing after administration of PRN medication or signs and symptoms of severe allergic/anaphylactic reaction. Administer every 5-15 minutes as needed preferably in the outer thigh.

☒ Place the patient in a recumbent position, elevate lower extremities.

☒ Continuously monitor vital signs (blood pressure, pulse oximetry, and heart rate).

☒ Contact and notify the referring provider on the day of occurrence once patient is stabilized.

☒ Document reaction in the medical record and complete an incident report once patient is stabilized.