

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 SCIG product ordered.
- Evaluate the need to administer age-appropriate vaccines according to immunization guidelines before initiation
- Thrombosis may occur with immune globulin (IG) products. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.
- Patients switching from IVIG refer to medication package insert for when to begin therapy, and initial dose calculator.

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 ____ months
- Comprehensive Metabolic Panel:** Once Every Visit Every ____ months
- IgG, IgA, IgM (Adult):** 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 **OR** Cetirizine (Zyrtec) or Loratadine (Claritin) 10 mg PO
- Dexamethasone (Decadron) 8 mg 20 mg PO
- Other: _____ Dose: _____ Route: _____ Frequency/Timing: _____

THERAPY PLAN

Indicate the patient's experience with subcutaneous immunoglobulin (SCIG) therapy:

- Naïve to IG therapy Transitioning from IVIG therapy Continuing SCIG therapy

Select Product (Check one):

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

OR Do Not Substitute and use product below:

- Hizentra 20% Xembify 20% Cutaquig 16.5% Hyqvia 10%

Route: IV SQ IM

NOTE (Dosing Weight):

- Patients with BMI < 18.5 use Actual (Recorded) body weight
- Patients with BMI 18.5 - 30 and NOT pregnant use Ideal body weight
- Patients with BMI 18.5 - 30 and pregnant use Actual (Recorded) body weight
- Patients with BMI > 30 use Adjusted body weight

Pharmacist to coordinate HYQVIA Therapy

Pharmacist to optimize Ramp-up dose scheduling and maintenance dose.

Dose: _____ grams _____ grams/kg

- Number of Doses: _____

Frequency Interval for Maintenance Dose:

- Every week Every 2 weeks Every 3 weeks Every 4 weeks Other: _____

Pharmacist to coordinate Therapy (Xembify, Hizentra, Cutquig)

For patients transitioning from IVIG, pharmacist to calculate the initial dose (Refer to PI for calculation).

Patient's IVIG Dose in grams: _____ Number of weeks between IVIG doses: _____

Desired SCIG Frequency Interval: Every week Every 2 weeks Other: _____

- Number of Doses: _____

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

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.