

ADMIT to Infusion center of EAMC FOR IV Immune Globulin (IVIG) Infusion

DIAGNOSIS:

- ☐ SLE (with organ involvement)
☐ ITP (autoimmune thrombocytopenia)
☐ CVID (immunoglobulin deficiency)
☐ CIDP (autoimmune neuropathy)
☐ Other (specify) _____

Lab:

*Labs should be resulted prior to infusion.

Pre-Meds:

- ☐ Acetaminophen 650 mg PO with each treatment ☐ Methylprednisolone 125 mg IV Push with each treatment
☐ Diphenhydramine 25 mg PO with each treatment ☐ Other: _____
☐ Diphenhydramine 25 mg IV with each treatment
☐ Diphenhydramine 50 mg IV with each treatment

Infusion Orders

Drug	Dose per kg	Total dose/ day (pharmacy to calculate)	Route	Dosing schedule
IV Immune Globulin (dose to be rounded to nearest 5gm)	mg/kg	grams	IV Infusion	<input type="checkbox"/> Q _____ Weeks <input type="checkbox"/> Q Day x _____ Days <input type="checkbox"/> Other _____

IVIG Hybrid Dosing Method

- Primary dosing weight=IBW
- TBW will be used if <IBW
- If TBW is >30% IBW, then AdjBW may be considered.

Ancillary Treatment/Administrative Procedures

- ❖ Specific IVIG product will be selected based on availability, insurance coverage and/or disease state recommendations.
- ❖ Pharmacy to enter appropriate infusion rate based on product selected and manufacture recommendations.
- ❖ Monitor vital signs prior to start of infusion then as needed.
- ❖ May use Infusion Center at EAMC Non-Oncology standing orders.
- ❖ Infuse NS at 50 ml/hr, unless patient is fluid restricted.

Ordering Physician

Date

Time

EAST ALABAMA MEDICAL CENTER
EAMC Infusion Order Set
Immune Globulin (IVIG) Order Set

Patient Identification