

IVIG MEDICATION ORDER

Patient's Name (Last, First, Middle) _____ **DOB:** _____

■ Diagnosis

Please provide the diagnosis as well as the most specific ICD-10 code available: _____

■ Details Needed for Authorization

- Recent laboratory results including patient's IgG levels. Other disease-specific labs should be included (eg. platelet count with ITP).
- Chart should include history of difficult-to-treat infections, deficiency in producing antibodies in response to vaccination, etc.

■ Premedication Order

Oral medications to be taken by the patient at least 60 minutes prior to start of infusion treatment. May be taken at home before coming in.:

Acetaminophen _____mg Cetirizine _____mg Diphenhydramine _____mg

IV medications to be administered prior to start of the infusion treatment:

Dexamethasone _____mg Famotidine _____mg Methylprednisolone _____mg
 Diphenhydramine _____mg Metoclopramide _____mg _____

■ IVIG Order

<input type="checkbox"/> Bivigam	<input type="checkbox"/> Flebogamma	<input type="checkbox"/> Gammalex	<input type="checkbox"/> Panzyga
<input type="checkbox"/> Carimune	<input type="checkbox"/> Gammagard Liquid	<input type="checkbox"/> Gamunex-C	<input type="checkbox"/> Privigen
<input type="checkbox"/> Cutaquig	<input type="checkbox"/> Gammaked	<input type="checkbox"/> Octagam	

Please check here if we may substitute your IVIG brand of choice, depending on brand availability and allocation limitations.

Dose: _____ mg/kg **Patient's height in ft/in:** _____ **Patient's weight in lbs:** _____

Rate
 _____ ml over _____ minutes
 Start at _____ ml/hr, after _____ minutes increase to _____ ml/hr, after _____ minutes increase to _____ ml/hr

Volume
 _____ ml of normal saline _____ ml of half normal saline _____ ml of D5W

Frequency: To be administered every _____ for _____. (example: every 2 days 3 weeks)

If filtered tubing is required, indicate particle size filter to be used: 0.2µ or 1.2µ
After the infusion is complete, flush with normal saline. Check vitals and monitor for signs and symptoms of an infusion reaction at start, throughout infusion, and after completion.

■ Rescue Management in case of Infusion Therapy Reaction

Stop medication infusion and start normal saline infusion at 50 ml/hr. Call ordering provider to report reaction. Follow standing reaction orders, including diphenhydramine, methylprednisolone, albuterol and oxygen as needed. For severe reactions, administer Epi-pen or equivalent and call 911. Repeat if severe symptoms persist.

■ Ordering Provider Authorization

Provider's Signature: _____ Name: _____ Date: _____
 Address: _____
 Phone: _____ Fax: _____ NPI #: _____ License: _____

STANDARD DOCUMENTATION TO INCLUDE:

- Patient demographics and insurance, including card scans (both medical and pharmacy benefit cards, both sides).
- Most recent chart notes and, if available, last history and physical. All relevant scans, tests and laboratory results.
- If new medication for patient, chart notes which include decision to begin treatment. If not, provide last treatment date.

Fax this order and supporting documentation to (732) 329-2322.