

Intravenous Immune Globulin (IVIG) Order Set
☐ = Optional Order • = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

Phone (616) 394-3547

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ORDERS

Date: _____ Time: _____ Diagnosis Code: (ICD-10) _____

Patient Name: _____ Date of Birth: _____ Weight: _____ (kg)

Allergies: _____ Height: _____

PRE-MEDICATIONS

When ordering a pretreatment medication, please select appropriate formulation.

- ☐ Tylenol - 650 mg, Oral: Tab, Give prior to procedure.
- ☐ diphenhydrAMINE 25 mg oral capsule - 25 mg, Oral: Cap, Give prior to treatment.
- ☐ diphenhydramine - 25 mg, IV Push. Give prior to treatment.
- ☐ Hydrocortisone - 100 mg, IV Push. Give prior to treatment.

MEDICATION - IVIG IVPB

- ☐ Desired dose: _____ mg/kg. Frequency _____
or
- ☐ Total dose: _____. Frequency _____
- Dose will be rounded to the nearest vial size. Adjusted body weight will be used in patients whose actual body weight is 125% higher than ideal body weight, per pharmacy protocol.
- For the initial infusion, monitor vital signs every 15 minutes times 4, every 30 minutes times 2, then hourly and post-infusion.
- For subsequent infusions, monitor vital signs pre-infusion and hourly.

Nursing Considerations

- Antecubital vein should be used, especially if concentration is greater than or equal to 10%.
- Administer in separate infusion line from other meds.

Treatment for Adverse Drug Reactions (for mild to moderate infusion reaction)

- Slow or stop infusion for 20 minutes
- Give:
 - Diphenhydramine (Benadryl) 50 mg oral, cap. q6hr, PRN. Use 25-50 mg for infusion reaction for rash/itching.
 - Diphenhydramine (Benadryl) 50 mg, IVP. q6hr, PRN. Use 25-50 mg for infusion reaction for rash/itching.
 - Acetaminophen (Tylenol) 650 mg PO STAT, if not already given as a "premedication". (Maximum acetaminophen doses of 4000 mg in 24 hours from all combined sources.)
 - Methylprednisolone (Solu-Medrol) 125 mg IVP STAT

For severe reaction:

- ☐ Hydrocortisone 100 mg, IVP, PRN
- ☐ Epinephrine (1 mg/mL) 0.3 mg, IM
- Place O2 PRN at 4 – 6 liters per nasal cannula STAT
- Vital signs with PO2 every 5 minutes until stable
- Notify the physician of reaction. Request further orders as indicated.
- Complete adverse drug reaction PowerForm and document in the allergy profile for all drug reactions.

Provider Signature: _____ Date: _____

Provider Name and Credentials (please print): _____ Time: _____

Office Phone: _____ Office Fax: _____

