

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

**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.
- Famotidine – 20 mg, oral. Tab. Give prior to treatment.
- Famotidine – 20 mg, IV Push. Injection. 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
  - Albuterol (Albuterol HFA) 2 puff(s), inhale. As indicated, PRN shortness of breath or wheezing. Dose range 1-2 puffs.

**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: \_\_\_\_\_

