

Patient Name: _____
Patient Room Number: _____

Patient Weight (kg): _____

Immune Globulin Intravenous IVIG Infusion Guidelines

Administration Rate

1. Begin immune globulin infusion at (0.5 mL/kg/hr) _____ mL/hr for the first 30 minutes.
2. Increase the rate to (1 mL/kg/hr) _____ mL/hr for the next 30 minutes.
3. Increase the rate to (the lower of 2 mL/kg/hr or 250 mL/hr) _____ mL/hr for the next 30 minutes.
4. Increase the rate to (the lower of 4 mL/kg/hr or 250 mL/hr) _____ mL/hr for the remainder of the infusion.
5. For patients with a risk factor/s for renal and/or thrombotic complications during immune globulin administration, the maximum rate of infusion should be (2 mL/kg/hr) _____ mL/hr. (see physician immune globulin orders)
6. Subsequent infusions, if initial infusion tolerated, can be initiated at half of the maximum rate previously established. After 30 minutes increase to the previous maximum rate. (applies only to inpatients)

Special Instructions

- Assess prior IVIG use and history of reactions
- Immune globulin should not be infused in same IV line with other IV drugs.
- Use administration set and filter (0.2-20 microns) if provided (not required for all products).

Pharmacist Signature/Date