

IMMUNE GLOBULIN INTRAVENOUS (IVIG) ORDER

Date: _____

Time: _____

1. Administer Immune Globulin Intravenous (IVIG) _____ grams (_____ mg/kg) intravenously _____ . Pharmacy will round to the nearest vial size for adults.
2. Premeds: _____ 30 minutes prior to each infusion.

3. Patient has the following risk factor/s for renal and/or thrombotic complications during immune globulin administration and the rate of administration should be adjusted according to IVIG Infusion Guidelines (please check all that apply):
 - Pre-existing renal insufficiency (GFR < 60 mL/min/1.73m²)
 - Volume depletion
 - Diabetes mellitus
 - CHF
 - History of thrombosis or hypercoaguable condition
 - Coronary artery disease/myocardial infarction
 - Cerebrovascular disease/ischemic stroke
 - Paraproteinemia
 - Sepsis
 - Age over 65
 - Receiving a known nephrotoxic medication: Cyclosporine, Tacrolimus, Ganciclovir, NSAID (including COX-2 inhibitors), ACE Inhibitors, Angiotensin II-receptor blockers, Aminoglycosides, Amphotericin B, Loop diuretics
 - None of the above
4. Provide patient/family with Micromedex Immune Globulin patient education leaflet.
5. Complete the Consent to Transfuse Blood and Blood Products. If patient refuses to sign, notify physician prior to proceeding with infusion.
6. Fax order to Pharmacy. Infuse IVIG according to administration rate on IVIG Guidelines prepared by Pharmacy. Guidelines will accompany IVIG received from Pharmacy.
7. Obtain and record baseline vital signs. During initial infusion measure vital signs every 15 minutes x 2 then every 30 minutes x 2 then hourly during remainder of infusion. Record all vital signs in department documentation tool. If initial infusion is tolerated, only hourly vital signs are required during subsequent infusions.
8. Infusion related reactions are common and most occur during the initial 30 to 60 minutes of the infusion. Slowing or temporarily stopping the infusion at onset of patient discomfort or any adverse reaction usually allows the symptoms to disappear. If the patient experiences any of the following symptoms decrease the rate of infusion by half: headache, myalgia, backache, fever, pruritis, mild hypotension/hypertension, tachycardia, chills, flushing, and nausea. Contact the physician on call if symptoms persist 30 minutes after reducing infusion rate.
9. Immediate anaphylactic and hypersensitivity reactions are a remote possibility. If the patient experiences any of the following symptoms **STOP** the IVIG infusion, maintain venous patency with normal saline at 50 ml/hr, and notify the physician on call: shortness of breath, chest/neck/abdominal tightness, wheezing, sneezing, hives, palpitations, dizziness, sweating or an itchy rash.
10. Strict intake and output during, and for 24 hours after completion of the infusion. If urine output is less than _____ mL/hr notify the physician.
11. For blood pressure less than _____ mm/Hg during the infusion **STOP** the immune globulin, maintain venous patency with normal saline at 50 mL/hr, and notify the physician.

Signature/Credentials

Faxed to Pharmacy by: _____