

UNIVERSITY HEALTH CARE, UNIVERSITY OF UTAH HOSPITALS & CLINICS
IVIG WORKSHEET
THIS IS NOT A PHYSICIAN ORDER

Patient is: **Inpatient** **Outpatient (circle one)**

Indication/diagnosis:	New or Ongoing treatment (circle one)
The diagnosis was confirmed by _____	EMERGENT Y OR N (circle one)
Rank urgency of need (circle one)	
1. Will be helpful – preventive	4. Preventive and life saving
2. Treatment of acute illness	5. Severely ill-no other choice
3. Severely ill-life saving-alternative available	
Is this a one time order or will it be ongoing (circle one)	
What is the dosage range? _____ Frequency? _____	
How many cycles of therapy will be required? _____	
Are there alternative therapies available? Please list.	
Is there any other source of IVIG available to this patient? _____	
Has this patient been on IVIG previously? Y or N (circle one) What was the outcome?	
Is there any other justification or pertinent medical information?	
Is the patient actively bleeding? Y or N (circle one)	
Has patient failed plasmapheresis? Y or N (circle one)	
Additional information on back Y or N (circle one)	
Pertinent laboratory Data:	

 Requesting Physician

 Approved: Attending Physician

Date _____ Time _____

Pager _____

For Pharmacy Use Only			
• Approved per criteria	Date: _____	Time: _____	Initials: _____
• Referred back to ordering MD	Date: _____	Time: _____	Initials: _____
• Approved per Medical Director Yes/No	Date: _____	Time: _____	Initials: _____
• Order processed and dispensed:	Date: _____	Time: _____	Initials: _____
• Logged out on master form:	Date: _____	Time: _____	Initials: _____

Contact Hospital Operator for Medical Director on call