

## Intravenous Immunoglobulin (IVIG) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

Other: \_\_\_\_\_

NKDA Allergies: \_\_\_\_\_

New Start Therapy       Continuation of Therapy      Date of last dose (if applicable): \_\_\_\_\_

### Ordering Provider:

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### PRE-MEDICATION

- Acetaminophen 1000mg PO     Solu-Medrol 125mg IVP
- Diphenhydramine 25mg PO     Solu-Cortef 100mg IVP
- Ceterizine 10mg PO           Diphenhydramine 25mg IVP

#### REQUIRED

- Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

### IVIG ORDERS

#### DOSING:

- Loading dose: \_\_\_\_\_ G/kg **OR** \_\_\_\_\_ G **OVER** \_\_\_\_\_ days
- Maintenance: \_\_\_\_\_ G/kg **OR** \_\_\_\_\_ G **OVER** \_\_\_\_\_ days

Other: \_\_\_\_\_

#### FREQUENCY:

Every \_\_\_\_\_ weeks for 1 year

**OTHER** \_\_\_\_\_

#### Sage Infusion Standing Orders:

- Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

#### IVIG PRODUCTS

Gamunex-C    Gammaguard  
Bivigam      Privigen  
Asceniv      Octagam      Panzyga

*\* Based on product availability, product recommendations may be provided.*

#### OTHER:

- Teach and Train for **Subcutaneous Immunoglobulin (SCIG)** self administration at home with:
  - Cutaquig
  - Other: \_\_\_\_\_

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date