# IVIG – Immune Globulin IV
# (Gammagard, Gammagard SD, Gamunex-C Octagam, Privigen)

SOMC Cancer Center & Infusion
Ph: (740) 356-7490
Fx: (740) 356-7488

Once orders completed; fax all documents. Please call to verify receipt of fax. Thank you!

Name: _____ Date of Birth: _____
Phone Number: Home _____ Cell: _____ Weight: _____ kg
Allergies: _____

**Diagnosis:**

- ☐ Common variable immunodeficiency unspecified
- ☐ Common variable immunodeficiency
- ☐ Hypogammaglobulinemia, unspecified
- ☐ Thrombocytopenia, unspecified
- ☐ Multiple Sclerosis
- ☐ Chronic inflammatory demyelinating polyneuritis
- ☐ Myasthenia gravis without acute exacerbation
- ☐ Myasthenia gravis with acute exacerbation
- ☐ Other: _____

**Order: Intravenous Immunoglobulin ( + or - 10%)** ☐ May substitute ☐ DAW

- ☐ Gammagard IV 10% _____ grams/kg
  OR _____ grams
  Frequency: _____
  Refills: _____
- ☐ Privigen IV 10% _____ grams/kg
  OR _____ grams
  Frequency: _____
  Refills: _____

with ☑ 0.9% NS 250 mL primary at KVO during infusion

- ☐ Other _____

**Lab Orders:**

- ☐ Labs: _____

_____

**For Monthly Update Only**

Continuation: Cycle _____ of _____

- ☐ **I, the provider evaluated the patient on _____ (fill in date)**
- ☐ **My progress note is available**
- ☐ No change to initial order on left
- ☐ Change order to _____
- ☐ Add the following laboratory tests to be completed with this cycle only: _____

| Date: | Time: | Signature: |
|---|---|---|
| | | |

**Pre-treatment Medications:**

- ☐ Tylenol (acetaminophen) 650mg orally x 1 dose prior to treatment
- ☐ Benadryl (diphenhydrAMINE) 25mg orally x 1 dose prior to treatment
- ☐ Benadryl (diphenhydramine) 25mg IVP x 1 dose prior to treatment
- ☐ Hydrocortisone 100mg IVP x 1 dose prior to treatment
- ☐ O2 at _____ liters per NC
- ☐ Other _____

**Adverse Reaction:**

- ☑ Benadryl 25 mg IV push x 1 for rash, hives or itching **if no allergy exists**
- ☑ Solumedrol 125 mg IV push x 1 for rash, hives or itching **if no allergy exists**
- ☑ Epinephrine (1:1000) 0.3 mg (0.3 mL) IM x 1 for Respiratory Distress
- ☑ O2 per oxymask to maintain O2 saturation above 94%
- ☑ Give all of the above medications for an anaphylactic reaction as evidenced by: swelling of tongue, lips, and throat, trouble breathing, wheezing, abdominal pain, vomiting, dizziness, rash, hives, itching
- ☑ Anaphylaxis - stop infusion immediately, maintain IV patency with Normal Saline, notify ordering physician, and prepare to transfer to Emergency Department
- ☑ **Side effects** (headache, fever, greater than or equal to 100.4F, nausea/vomiting, chills) - slow rate of infusion and slowly increase after symptoms subside to maximum tolerated infusion rate. If still unable to tolerate, notify ordering physician.

| Provider: | DATE: | TIME: | SIGNATURE: |
|---|---|---|---|
| | | | |

**Printed Provider Name:** _____
**Phone number of referring provider:** **Phone #** _____
**Fax number of referring provider:** **Fax #** _____

Southern Ohio Medical Center
"Good things are happening here"

11/30/22


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DOB:
Sex: FC: