



Cottage Grove Infusion
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Immune Globulin (IVIG) INFUSION (v. 05/21/2024)

Diagnosis/Indication (ICD-10): _____

Weight _____ Height _____ (IVIG will be dosed on ideal body weight)

Medications:

- .. Immune globulin (IVIG) _____ mg/kg/dose IV daily for 5 days
- .. Immune globulin (IVIG) _____ mg/kg/dose IV every _____ weeks
- .. Immune globulin (IVIG) _____ mg/kg/dose IV daily x 2 days then every 28 days

Start infusion of 10% solution at 0.005 mL/kg/min for 30 minutes. Rate may be doubled every 15-30 minutes as tolerated by patient. Max rate 0.08 mL/kg/min.

- .. Acetaminophen (TYLENOL) 650 mg PO once 30 minutes prior to infusion
- .. Diphenhydramine (Benadryl) 25 mg PO once 30 minutes prior to infusion
- .. Dexamethasone 10 mg IV once 30 minutes prior to infusion

Labs:

- .. CBC with auto differential, Immunoglobulin G total, BUN, creatinine prior to first dose and every 28 days

Nursing communications:

- Vital signs: Initial and prn
- Immune globulin should not be administered with other intravenous fluids or medications.

Access:

- .. **Insert peripheral IV**
 - Every visit, remove after IV administration complete
- .. **Access & Use Central Line/ CVAD**
 - Initiate Central Line (Non-PICC) Maintenance Protocol
 - Heparin, porcine (PF) 100 unit/mL flush 5 mL as needed for Port-a-Cath line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes
- .. **Access & Use PICC**
 - Initiate PICC Maintenance Protocol
 - Normal saline flush 3 mL as needed for PICC/ Hickman line care
 - Alteplase (Cathflo) 2 mg as needed for occluded catheter. For clearing central line catheter- retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

Emergency Medications: (May give emergency medications IM if IV route unavailable)

- DiphenhydrAMINE (BENADRYL) 25 to 50 mg IV as needed for mild to moderate drug reactions (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic).
 -- Administer 25 mg IV once, if reaction does not resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg and contact provider.
- MethylPREDNISolone sodium succinate (Solu-MEDROL) 125 mg IV once as needed for shortness of breath, continued symptoms of mild to moderate drug reaction (flushing, dizziness, headaches, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritic) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl). Contact provider if given.
- Epinephrine 0.3 mg IM once for anaphylaxis. If reaction does not resolve in 3 minutes may repeat 0.3 mg IM dose for a total of 0.6 mg. Avoid use of hand, foot, leg veins in elderly patient and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name: _____

Provider printed name: _____

DOB: _____

Provider signature: _____

Height _____ Weight _____

Date: _____ Time: _____