



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the x to remove the pre-checked option.

IMMUNE GLOBULIN (IVIG) INFUSION PLAN [11500854] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Labs	Interval
<input type="radio"/> BUN	Frequency _____
<input type="radio"/> CBC W/ Automated Differential	Frequency _____
<input type="radio"/> DAT, Polyspecific	Frequency _____
<input type="radio"/> Immunoglobulin G, Total	Frequency _____
<input type="radio"/> Creatinine	Frequency _____

Pre-Medications	Interval	Route
<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg	Every Visit	Oral
<input checked="" type="checkbox"/> diphenhydramine (BENADRYL) capsule 25 mg	Every Visit	Oral
<input type="checkbox"/> dexamethasone (DECADRON) IV 10 mg	Every Visit	IV

Supportive Care	Interval
<input type="radio"/> Immune Globulin (GAMUNEX) 400 mg/kg IV Once every month for _____ months	
<input type="radio"/> Immune Globulin (GAMUNEX) 400 mg/kg IV Every day x 5 days	Frequency _____
<input type="radio"/> Immune Globulin (GAMUNEX) 1000 mg/kg IV Every day x 2 days	Frequency _____
<input type="radio"/> Immune Globulin (GAMUNEX): Dose _____	Frequency _____

Vascular Access (single select)	Interval
<input type="radio"/> IV	Every Visit
<ul style="list-style-type: none"> - Insert peripheral IV - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care 	
<input type="radio"/> Central line (non-PICC)	Every Visit
<ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care prior to medication administration PRN - sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care post medication administration PRN - sodium chloride (NS) flush 20 mL 20 mL As Needed for Line Care post lab draw PRN 	

Provider Signature

Date

Time

Provider's Printed Name: _____

Place Patient Label Here

Page 1 of 2

EHR5008-DT (05/24/2024)

IMMUNE GLOBULIN (IVIG) INFUSION PLAN

- sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
- heparin 100 units/mL 5 mL
5 mL for de-access every visit
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

O PICC line Every Visit

- Access vascular device and confirm patency
- Initiate PICC maintenance protocol
- Nursing Communication
Change PICC line dressing weekly and PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
- sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
- sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
- alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded

PRN Medications	Interval	Route
<input type="radio"/> sodium chloride (NS) flush 10 mL 10 mL As Needed for Line Care	PRN	Route: IV
<input type="radio"/> sodium chloride 0.9 % bolus 500 mL 500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)	PRN	Route: IV

Emergency Medications	Interval	Route
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg 25-50 mg Once As Needed For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (≥ 20 points in SBP), nausea, urticaria, chills, pruritic). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg 1 dose for a total of 50 mg, and contact provider.	PRN	Route: IV
<input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff 2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.	PRN	Route: Inhalation
<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg 125 mg Once As Needed For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, 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), and contact provider.	PRN	Route: IV
<input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg 0.5 mg Once As Needed For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (≥ 40 points in SBP), shortness of breath with wheezing and O2Sat $<90\%$), and contact provider.	PRN	Route: Intramuscular

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

Page 2 of 2

EHR5008-DT (05/24/2024)

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