



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

IMMUNE GLOBULIN (IVIG) INFUSION PLAN [11500854] Therapy Plan To Be Used In Infusion Center

Infusion Center Location: _____ Start Date: _____

Diagnosis/Indication: _____

Authorization Number: _____

Patient Name _____ DOB _____ Height _____ Weight _____

Supportive Care	Interval
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<input type="checkbox"/>	IMMUNE GLOBUL G-GLY-IGA AVG 46 10 GRAM/100 ML (10 %) INJ SOLN Route: <i>Other, Starting when released, For 1 dose, DAY 1 OF 5 - Must be used within 8 hours. 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. Immune globulin is a blood product and should not be administered with other intravenous fluids or medications.</i> Dose _____ Frequency _____
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Labs	Interval
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<input type="checkbox"/>	BUN <i>Starting when released</i>	Once
<input type="checkbox"/>	Complete Blood Count with Automated Differential <i>Starting when released</i>	Once
<input type="checkbox"/>	DAT, Polyspecific <i>Starting when released</i>	Once
<input type="checkbox"/>	Immunoglobulin G, Total <i>Starting when released</i>	Once
<input type="checkbox"/>	Creatinine <i>Starting when released</i>	Once
<input type="checkbox"/>	Treatment Lab Instructions <i>Starting when released Nursing to release the following labs: -Serum Creatinine, -BUN, -Immunoglobulin G, -CBC with Differential, Provider approves to Release and Draw labs 2 days Pre & Post This Planned Treatment Date.</i>	PRN

Provider Communication Orders	Interval
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<input type="checkbox"/>	Physician Communication <i>Starting when released Order one Serum Creatinine, BUN, CBC with Differential, Immunoglobulin G, and Coomb's Test (provider discretion) prior to the patient beginning treatment.</i>	Once
<input type="checkbox"/>	Provider Communication <i>Starting when released Select most appropriate orders (one set only) for IV access / central line - if selecting a central line access set of orders, then de-select IV access.</i>	Once

Nursing Orders	Interval
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<input type="checkbox"/>	Nursing Communication <i>Starting when released Check vital signs prior to administration of medication, every 15 minutes x 2 then, every 30 minutes until patient is max rate and patient is stable, then every 1 hour until infusion complete, and after each increase of infusion rate.</i>	Every visit
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Provider Signature	EHR User ID	Date	Time
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Initials _____

Place Patient Label Here

<input type="checkbox"/>	Insert peripheral IV <i>Starting when released</i>	PRN	
<input type="checkbox"/>	Access & Use Central Line/CVAD <i>Starting when released Access vascular device and confirm patency.</i>	PRN	
<input type="checkbox"/>	Access & Use Central Line/CVAD <i>Starting when released Access vascular device and confirm patency.</i>	PRN	
<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	Initiate Central Line (Non-PICC) Maintenance Protocol <i>Starting when released</i>	PRN	
<input type="checkbox"/>	Initiate PICC Maintenance Protocol <i>Starting when released</i>	PRN	
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care prior to medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	Nursing Communication <i>Starting when released Change PICC line dressing weekly and as needed.</i>	PRN	
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care post medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care prior to medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care post medication administration, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 10 mL <i>Other, Line Care at discharge and de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % injection 20 mL <i>Other, Line Care post lab draw, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	heparin, porcine (PF) 100 unit/mL flush 500 Units <i>Line Care, for de-access, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line Care, 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 by 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.</i>	PRN	Route: Intra-Catheter
<input type="checkbox"/>	alteplase (CATHFLO) injection 2 mg <i>Other, Line care, 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 by 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</i>	PRN	Route: Intra-Catheter

Pre-Medications

Interval

Provider Signature

EHR User ID

Date

Time

Initials

Place Patient Label Here

<input type="checkbox"/>	acetaminophen (TYLENOL) tablet 650 mg <i>Daily Mild Pain (Pain Scale 1-3), For 5 dose, PO OR PR PRIOR TO INFUSION.</i>	Every visit	Route: Oral
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) capsule 25 mg <i>Once Itching/Pruritus, For 1 dose</i>	Every visit	Route: Oral
<input type="checkbox"/>	dexamethasone (DECADRON) IV 10 mg <i>Once Starting when released, For 1 dose</i>	Every visit	Route: IV
PRN Medications		Interval	
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository 650 mg <i>650 mg As Needed Rectal Mild Pain (Pain Scale 1-3), For 5 dose, PO OR PR PRIOR TO INFUSION.</i>	PRN	Route: Rectal
<input type="checkbox"/>	acetaminophen (TYLENOL) tablet 650 mg <i>650 mg Every 4 Hours PRN Oral Fever, as needed for aches/fever, Starting when released, PO or PR as needed for aches/fever.</i>	PRN	Route: Oral
<input type="checkbox"/>	acetaminophen (TYLENOL) suppository 650 mg <i>650 mg Every 4 Hours PRN Rectal Fever, as needed for aches/fever, Starting when released, PO/PR as needed for aches/fever.</i>	PRN	Route: Rectal
<input type="checkbox"/>	sodium chloride (NS) flush 10 mL <i>10 mL As Needed IV Line Care, Starting when released</i>	PRN	Route: IV
<input type="checkbox"/>	sodium chloride 0.9 % bolus 500 mL <i>500 mL Once As Needed IV Line Care, Starting when released, Run at TKO (25ml/hr)</i>	PRN	Route: IV
Emergency Medications		Interval	
<input type="checkbox"/>	diphenhydrAMINE (BENADRYL) injection 25-50 mg <i>25 to 50 mg Once As Needed IV Other, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>= 20 points in SBP), nausea, urticaria, chills, pruritis), For 1 dose, 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 25mg IV dose for a total of 50 mg, and notify provider</i>	PRN	Route: IV
<input type="checkbox"/>	albuterol 90 mcg/actuation inhaler 2 puff <i>2 puff Once As Needed Inhalation Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider, Starting when released, Administer with a spacer if available.</i>	PRN	Route: Inhalation
<input type="checkbox"/>	methylPREDNISolone sodium succinate (Solu-MEDROL) injection 125 mg <i>125 mg Once As Needed IV 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, pruritis) that worsen or persist after administration of diphenhydramine (Benadryl), and notify provider, Starting when released, For 1 dose</i>	PRN	Route: IV
<input type="checkbox"/>	EPINEPHrine (ADRENALIN) injection 0.5 mg <i>0.5 mg Once As Needed Intramuscular Other, 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 notify provider, For 1 dose</i>	PRN	Route: Intramuscular

Provider Signature EHR User ID Date Time

Initials

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