

Place patient identification
sticker here

**DOCTOR'S ORDER SHEET – PHARMACY –
IMMUNE GLOBULIN (IVIG)**

Diagnosis:			
Allergies: <input type="checkbox"/> NKA			
		Height _____	Weight _____ kg
****UNAPPROVED ABBREVIATIONS****			
QD, QOD, MgSO ₄ , MSO ₄ , MS, IU, U or -u, ug, Use of a Trailing Zero (X.0mg), Lack of a Leading Zero(Xmg)			
DATE	TIME	ORDERS	NURSE SIGNATURE
		<input type="checkbox"/> Assign to Outpatient status	
		PRE-MEDICATIONS:	
		0.9% sodium chloride (NS) IV at KVO	
		<input type="checkbox"/> methylprednisolone sodium succinate injection _____ mg IV x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____ mg IV x1 dose 30 mins prior to infusion	
		<input type="checkbox"/> diphenhydramine _____ mg PO x 1 dose 30 mins prior to infusion	
		<input type="checkbox"/> acetaminophen 650mg PO x 1 dose 30 mins prior to infusion	
		MEDICATION:	
		<input type="checkbox"/> Immune Globulin Injection 10%	
		Dose:	
		Route: Intravenous	
		Frequency:	
		If infusion-related reaction:	
		1.) STOP infusion immediately;	3.) Administer PRN medications per infusion reaction medication ordered;
		2.) Increase 0.9% sodium chloride (NS) infusion to wide open rate;	4.) Call Max Cart;
			5.) Notify MD
		INFUSION REACTION MEDICATIONS:	
		albuterol inhalation nebulizer solution 2.5mg/0.5ml (concentrated solution) (Note: dilute with 2.5ml of NS for an albuterol 2.5mg/3ml dose) <i>Dose: 2.5mg via nebulizer as needed for shortness of breath/wheezing</i>	
		diphenhydrAMINE injectable <i>Dose: 25mg IV x 1 dose for urticaria, pruritus, shortness of breath. May repeat in 15 minutes if symptoms not resolved</i>	
		EPINEPHrine 1mg/ml (1:1000) injectable <i>Dose: 0.3mg IM x1 dose as needed for anaphylaxis</i>	
		methylPREDNISolone sodium succinate 125mg injection <i>Dose: 125mg IV x1 dose as needed for hypersensitivity</i>	
		NURSING ORDERS:	
		• Discontinue IV line when therapy complete and patient stabilized	

REFERENCES: Immune Globulin Drug Information 02/05/2021

USE BALL POINT PEN FAX TO PHARMACY

Qualified Medical Provider signature

Date

Time

