*NOTE: NURSE MUST INITIAL EACH INDIVIDUAL ORDER

RN	HUS	Fill in blanks and boxes to initiate order(s).		
		Date/Time:	Allergies:	Height (centimeters):
		Weight:	Ideal body Weight (IBW):	Adjusted body weight: (= IBW + 0.4 [Actual –IBW])
		DIAGNOSIS: Check appropriate box ❒ Autoimmune Blistering Skin Diseases ❒ Bone Marrow Transplant ❒ Chronic Inflammatory Demyelinating Polyneuropathy ❒ Chronic Lymphocytic Leukemia ❒ Clostridium difficile (severe, recurrent)* ❒ Dermatomyositis/ Polymyositis ❒ Desensitization- allosensitized kidney and intestine transplant candidates ❒ Desensitization- cardiac/ lung transplantation ❒ Fetomaternal Alloimmune Thrombocytopenia	❒ Guillain-Barre Syndrome ❒ Hemolytic Disease of Fetus/ Newborn ❒ Idiopathic Thrombocytopenia ❒ Kawasaki Disease ❒ Kidney or Intestine transplant-documented acute humoral rejection ❒ Lambert Easton Myasthenic Syndrome ❒ Multifocal Motor Neuropathy ❒ Myasthenia Gravis ❒ Post-Transfusion Purpura ❒ Parvovirus B-19 infection associated with pure red cell aplasia	❒ Primary Immunodeficiency (specify): _____ ❒ Rotaviral Enterocolitis* ❒ Stiff Person Syndrome ❒ Systemic Lupus Erythematosus* ❒ Systemic Vasculitic Syndromes ❒ Toxic Epidermal Necrolysis/ Stevens-Johnson Syndrome* ❒ Toxic Shock Syndrome* ❒ Other (requires approval): _____ * Requires specialists' approval
		PREMEDICATION (ADULTS): 30 minutes prior to infusion ❒ Acetaminophen: 650 mg oral x 1 dose ❒ Acetaminophen: 650 mg per rectum x 1 dose ❒ Diphenhydramine: 25 mg oral x 1 dose ❒ Diphenhydramine: 25 mg IV x 1 dose ❒ Other:_____	PREMEDICATION (PEDIATRICS): 30 minutes prior to infusion ❒ Acetaminophen: _____ mg (15 mg/kg, Max: 650mg) oral x 1 dose ❒ Acetaminophen: _____ mg (15 mg/kg, Max: 650mg) per rectum x 1 dose ❒ Diphenhydramine: _____ mg (1 mg/kg, Max: 50mg) oral x 1 dose ❒ Diphenhydramine: _____ mg (1 mg/kg, Max: 50mg) IV x 1 dose ❒ Other: _____	
		IMMUNE GLOBULIN (IVIG) PRODUCT SELECTION: (check one product) ❒ Octagam 5%- Preferred product. Non-sucrose containing product. Contraindicated in corn allergy. ❒ Gammaked 10%- Non-sucrose containing product. Justification for use must be provided in order to dispense: _____		
		DOSE: Orders for IVIG will be automatically dose rounded to the vial size except in neonates. Refer to Table for Recommended Doses. Assure that patient is not volume depleted prior to initiation of IVIG infusion. ❒ IVIG _____ grams/kg/dose (Example: 0.4 g/kg, 0.5 g/kg, 1g/kg , 2 g/kg) IV once on _____ (Date of administration) ❒ IVIG _____ grams/kg/dose IV once every _____ day(s) for _____ doses ❒ IVIG _____ grams/kg/dose (Example: 0.1 g/kg or 0.15 g/kg) after plasmapheresis IV once on _____ (Date of administration)		
		DOSE CONSIDERATIONS: All patients will be dosed based on IBW except pediatrics, patients whose actual body weight is less than IBW and obese patients greater than 100 kg or BMI greater than 30 kg/m^2 (use adjusted body weight in obese patients).		
		MONITORING: Vital signs: Prior to start of infusion, then every 30 minutes for 1 hour, then every hour for duration of infusion. Anaphylactic response may occur within 30 to 60 minutes of start of infusion. Notify physician for face flushing, chest tightness, chills, fever, dizziness, nausea, vomiting, diaphoresis and hypotension. If any reaction occurs, stop the infusion (do not discard) and contact prescriber.		
		INFUSION CONSIDERATIONS: • Patients should be adequately hydrated prior to initiating IVIG therapy. • Consider using slower infusion rates in patients with renal dysfunction, thrombosis or congestive heart failure. • Increase rate only if no adverse reaction occurs. Decreasing rate may help relieve some side effects. • IVIG should be infused separately from all other products and solutions.		
		OCTAGAM	GAMMAKED	
		Initial rate of 0.01 mL/kg/min (0.6 mL/kg/h) for the first 30 minutes. If well tolerated, may increase rate every 30 minutes to a maximum rate of 0.07 mL/kg/min (4.2 mL/kg/h)	Initial rate of 0.01 mL/kg/min (0.6 mL/kg/h) for the first 30 minutes. If well tolerated, may increase rate every 30 minutes to a maximum rate of 0.08 mL/kg/min (4.8 mL/kg/h)	
		Physician's Signature: _____ Printed Name: _____ I.D. Number: _____ Beeper: _____		

PHARMACY ORDERS MUST CONTAIN NAME OF MEDICATION -- DOSE -- STRENGTH ROUTE – FREQUENCY

TABLE FOR RECOMMENDED DOSES

FIRST LINE INDICATIONS	
Indication	Recommended Dose
Bone Marrow Transplant	• 500mg/kg/dose every 2 weeks if IgG level less than 500
Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	• ACUTE: 400 mg/kg/day x 5 days • CHRONIC: 500 mg/kg/day x 2 days every 3 weeks or 1 g/kg/dose every 3 weeks
Desensitization- cardiac/ lung transplant- Panel reactive body greater than 50%	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days every 2 to 4 weeks after final plasmapheresis session • Plasmapheresis/IVIG: 150 mg/kg/dose after each session
Desensitization- allosensitized kidney transplant HLA and intestine transplant	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days every month x 4 months • Plasmapheresis: 100 mg/kg/dose after each session
Desensitization-kidney and intestine transplant, documented acute humoral rejection	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days after final plasmapheresis session • Plasmapheresis/IVIG: 100 mg/kg/dose after each session
Guillain-Barre Syndrome- Severe disease	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days
Idiopathic Thrombocytopenia (ITP)- Acute ITP with platelet count less than 20,000 / mm^3 or actively bleeding	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days
Kawasaki Disease- Must be used in combination with aspirin	• 2 g/kg/dose x 1 dose
Multifocal Motor Neuropathy	• ACUTE: 400 mg/kg/day x 5 days • CHRONIC: 1 g/kg/dose every 2 to 4 weeks or 2 g/kg/dose every 4 to 8 weeks
Myasthenia Gravis/ Lambert-Easton Myasthenic Syndrome- Severe exacerbation or myasthenic crisis	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days
Parvovirus B-19 infection- immunocompromised patients with pure red cell aplasia	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days
Post Transfusion Purpura	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days
Primary Immunodeficiency (congenital agammaglobulinemia, severe combined immunodeficiency syndromes, common variable immunodeficiency, X-linked immunodeficiency and Wiskott-Aldrich Syndrome	• 200 to 400 mg/kg/dose every 4 weeks (goal trough of IgG greater than 500 mg/dL)
SECOND LINE INDICATIONS	
Autoimmune Blistering Skin Diseases- failed standard therapy with steroids or other immunosuppressive therapy	• 400 mg/kg/day x 5 days every 3 to 4 weeks
Chronic Lymphocytic Leukemia- hypogammaglobulinemia and severe, recurrent infection	• 400 mg/kg/dose every 3 to 4 weeks
Dermatomyositis/ Polymyositis- Should be given in combination with steroids or other immunosuppressive therapy	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days
Fetomaternal Alloimmune Thrombocytopenia- pregnant women with previous history or existing platelet antibodies	• 1 g/kg/dose every week
Hemolytic Disease of Fetus/Newborn- total serum bilirubin (TSB) is rising despite phototherapy or TSB is within 2 to 3 mg/dL of the exchange level	• 500 mg/kg/dose x 1 dose
Stiff Person Syndrome- failed standard therapy (i.e. diazepam, baclofen or other immunosuppressive therapy)	• 400 mg/kg/day x 5 days
THIRD LINE INDICATIONS (require attending specialty approval)	
Clostridium difficile (severe, recurrent)- Infectious Disease attending approval	• 150 mg/kg/dose x 1 dose or 400 mg/kg/dose with hypogammaglobulinemia x 1 dose
Rotaviral Enterocolitis- Infectious Disease attending approval	• 300 mg/kg/dose oral once
Systemic Lupus Erythematosus or Vasculitic Syndromes – failed standard therapy with steroids or other immunosuppressive therapy- Rheumatology Attending Approval	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days
Toxic Epidermal Necrolysis/ Steven Johnson Syndrome (10% BSA involvement)- Rheumatology Attending Approval	• 400 mg/kg/day x 5 days or 500 mg/kg/day x 4 days or 1 g/kg/day x 2 days
Toxic Shock Syndrome or Necrotizing Fascitis due to group A Streptococcus or Staphylococcus- Infectious Disease Attending Approval	• 1 g/kg/day x 1 dose. May repeat 500 mg/kg/day x2 days