



Riverbend Medical Center Regional Infusion Center (RIC)
3377 Riverbend Drive Suite 502/510
Springfield, Oregon 97477
Phone 541-222-6280 Fax 541-349-8006

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 (\geq 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 (\geq 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: _____