



**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. 01/09/2024)**

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 to 2 hours, instill a 2nd dose if occluded
- 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:**

- 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.



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- 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 patients and those with occlusive vascular disease. Contact provider if given.
- Famotidine (PEPCID) 20 mg IV once as needed for infusion/ allergic reaction.

Patient name and DOB \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Patient name and DOB \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_