



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

**IMMUNE GLOBULIN (IVIG) INFUSION PLAN [11500854]
Columbia Network Infusion Centers**

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

- I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.*

Labs

Interval

- | | |
|---|-----------------|
| <input type="radio"/> BUN | Frequency _____ |
| <input type="radio"/> CBC W/ Automated Differential | Frequency _____ |
| <input type="radio"/> DAT, Polyspecific | Frequency _____ |
| <input type="radio"/> Immunoglobulin G, Total | Frequency _____ |
| <input type="radio"/> Creatinine | Frequency _____ |

Pre-Medications

Interval

- | | | |
|--|-------------|-------------|
| <input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg | Every Visit | Route: Oral |
| <input checked="" type="checkbox"/> diphenhydramine (BENADRYL) capsule 25 mg | Every Visit | Route: Oral |
| <input type="radio"/> dexamethasone (DECADRON) IV 10 mg | Every Visit | Route: IV |

Supportive Care

Interval

- | | |
|--|-----------------|
| <input type="radio"/> Immune Globulin (GAMUNEX) 400 mg/kg IV Once every month for _____ months | |
| <input type="radio"/> Immune Globulin (GAMUNEX) 400 mg/kg IV Every day x 5 days | Frequency _____ |
| <input type="radio"/> Immune Globulin (GAMUNEX) 1000 mg/kg IV Every day x 2 days | Frequency _____ |
| <input type="radio"/> Immune Globulin (GAMUNEX): Dose _____ | Frequency _____ |

Vascular Access (single select)

Interval

- | | |
|------------------------------------|-------------|
| <input type="radio"/> IV | Every Visit |
| - Insert peripheral IV | |
| - sodium chloride (NS) flush 10 mL | |
| 10 mL As Needed for Line Care | |

Provider Signature	Date	Time
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Provider's Printed Name: _____

Place Patient Label Here

- Central line (non-PICC) Every Visit
 - Access vascular device and confirm patency
 - Initiate Central line (non-PICC) maintenance protocol
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - sodium chloride (NS) flush 10 mL
10 mL for Line Care at discharge and de-access every visit
 - heparin 100 units/mL 5 mL
5 mL for de-access PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, 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 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

- PICC line Every Visit
 - Access vascular device and confirm patency
 - Initiate PICC maintenance protocol
 - Nursing Communication
Change PICC line dressing weekly and PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care prior to medication administration PRN
 - sodium chloride (NS) flush 10 mL
10 mL As Needed for Line Care post medication administration PRN
 - sodium chloride (NS) flush 20 mL
20 mL As Needed for Line Care post lab draw PRN
 - alteplase (CATHFLO) injection 2 mg
Other, Starting when released, For 2 dose, PRN, 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 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

PRN Medications	Interval
-----------------	----------

- | | | |
|--|-----|-----------|
| ○ sodium chloride (NS) flush 10 mL
<i>10 mL As Needed for Line Care</i> | PRN | Route: IV |
| ○ sodium chloride 0.9 % bolus 500 mL
<i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i> | PRN | Route: IV |

Emergency Medications	Interval
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- | | | |
|--|-----|-----------|
| X diphenhydrAMINE (BENADRYL) injection 25-50 mg
<i>25-50 mg Once As Needed IV, 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). 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 25 mg IV dose for a total of 50 mg, and contact provider.</i> | PRN | Route: IV |
|--|-----|-----------|

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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IMMUNE GLOBULIN (IVIG) INFUSION PLAN

- X albuterol 90 mcg/actuation inhaler 2 puff PRN Route: Inhalation
2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.
- X methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg PRN Route: IV
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 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.
- X EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg PRN Route: Intramuscular
0.5 mg Once As Needed Intramuscular, 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 contact provider.

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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IMMUNE GLOBULIN (IVIG) INFUSION PLAN