

Patient Name: _____

DOB: _____

Provider Orders for: _____ (Adult)

IVIG (Intravenous Immune Globulin)

= must check off to order / automatically initiated unless crossed out

DATE: ___/___/___ TIME: _____

ACTUAL WEIGHT: _____ kg HEIGHT: _____ cm ICD10 CODE: _____

INDICATIONS and DOSAGES:

- Use **Ideal Body Weight (IBW)** to dose IVIG. If Total Body Weight (actual weight) is greater than 20% over IBW, use Adjusted Body Weight (see reverse side)

Pharmacy to calculate TOTAL dose [based on above weight; may round dose to vial size]	
Please select order beside appropriate patient condition:	
Chronic inflammatory demyelinating polyneuropathy (CIDP);	<input type="checkbox"/> 400 mg/kg Daily times _____ days (5 days)
Chronic lymphocytic leukemia (CLL) with frequent infection;	<input type="checkbox"/> 400 mg/kg Every 4 weeks times _____ doses
Guillain Barre syndrome;	<input type="checkbox"/> 400 mg/kg Daily times _____ days (5 days)
Hemolytic anemia, autoimmune;	<input type="checkbox"/> 400 mg/kg Daily times _____ days (5 days)
Idiopathic thrombocytopenia (ITP)	
<input type="checkbox"/> 400 mg/kg Daily times _____ days (2-5 days)	
<input type="checkbox"/> 1 gram/kg Daily times _____ days (1-2 days)	
Kawasaki syndrome;	<input type="checkbox"/> 400 mg/kg Daily times _____ days (4 days)
Myasthenia crisis;	<input type="checkbox"/> 400 mg/kg Daily times _____ days (5 days)
Primary immunodeficiency / Common variable immunodeficiency;	<input type="checkbox"/> _____ mg/kg Every _____ weeks times _____ doses (usual dose 200-800 mg/kg every 3-4 weeks based on IgG levels)
Other indication and dosages: Indication: _____,	<input type="checkbox"/> _____ mg/kg Every _____ times _____ doses

IVIG PRODUCTS:

IVIG product will be dispensed per pharmacy based on availability, unless specialized product is required (see back page for information on IVIG products available at UCH)

Specialized Product: _____ Reason for use: _____

PRE-MEDICATION – (check appropriate box(es) if needed or if patient had prior reactions to IVIG):

- Acetaminophen _____ mg PO times 1 dose (650 mg) 30 minutes prior to the infusion
- Diphenhydramine _____ mg IV times 1 dose (25 mg) 30 minutes prior to the infusion
- Diphenhydramine _____ mg PO times 1 dose (25 mg) 30 minutes prior to the infusion

Others: _____

RATE OF ADMINISTRATION (titrate rate up as tolerated) – If customized box is not checked, standard rate will be used
(Advance to higher rate only IF tolerating current rate)

<p>IVIG STANDARD RATE of Administration:</p> <p>Patients weighing LESS than 100kg: 0.5 mL/kg/hr x 30 min; 1.5 mL/kg/hr x 30 min; 3 mL/kg/hr x 30 min; 4.5 mL/kg/hr until completed</p> <p>Patients weighing 100kg or MORE: 0.25 mL/kg/hr for 30 min, then 0.5 mL/kg/hr for 30 min, then 1 mL/kg/hr for 30 min, then 200mL/hr until completed</p>
<p><input type="checkbox"/> CUSTOMIZED RATE: _____ mL/hr for 30 min; then _____ mL/hr for 30 min; then _____ mL/hr until completed</p>
<p>*Cautious use if patient has heart failure due to rapid infusion rate</p>

- IVIG should be administered in a dedicated infusion line with no other medications
- MONITORING:** Vital signs every 15 min times 2, then every 30 min times 1, then every hour until infusion completed.

LABS: _____

Authorized Prescriber Signature: _____ Date/Time: _____
83EIVIG 02/17 (for verbal/telephone orders)

IDEAL BODY WEIGHT (IBW) TABLE in KG

IBW Females = 45.5 kg + [2.3 X height (inches) greater than 5 feet]

IBW Males = 50 kg + [2.3 X height (inches) greater than 5 feet]

FEET	5 ft 1	5 ft 2	5 ft 3	5 ft 4	5 ft 5	5 ft 6	5 ft 7	5 ft 8	5 ft 9	5 ft 10	5 ft 11
CM	153	155	158	160	163	165	168	170	173	175	178
INCH	61	62	63	64	65	66	67	68	69	70	71
MALE (kg)	52 kg	55 kg	57 kg	59 kg	62 kg	64 kg	66 kg	68 kg	71 kg	73 kg	75 kg
FEMALE (kg)	48 kg	50 kg	52 kg	55 kg	57 kg	59 kg	62 kg	64 kg	66 kg	69 kg	71 kg

FEET	6 ft	6 ft 1	6 ft 2	6 ft 3	6 ft 4	6 ft 5	6 ft 6	6 ft 7	6 ft 8	6 ft 9	6 ft 10
CM	180	183	185	188	190	193	195	198	200	203	205
INCH	72	73	74	75	76	77	78	79	80	81	82
MALE (kg)	78 kg	80 kg	82 kg	85 kg	87 kg	89 kg	91 kg	94 kg	96 kg	98 kg	101 kg
FEMALE (kg)	73 kg	75 kg	78 kg	80 kg	82 kg	85 kg	87 kg	89 kg	92 kg	94 kg	96 kg

If Total Body Weight [Actual Weight] is greater than 20% Ideal Body Weight (IBW), (i.e. TBW ÷ IBW is greater than 1.2), use Adjusted Body Weight (ABW) to calculate IVIG dosages

$$\text{Adjusted Body Weight} = \text{Ideal Body Weight} + 0.4 (\text{Actual Weight} - \text{Ideal Body Weight})$$

$$= \text{_____ kg} + 0.4 \times (\text{_____ kg} - \text{_____ kg}) = \text{_____ kg}$$

INFORMATION

PHARMACY:

- Pharmacy to calculate **TOTAL dose** using IBW for most patients, or Adjusted Body Weight for patient weighing more than 20% IBW (per P&T committee and MEC approvals)
- Pharmacy will round dose to nearest vial size in adult patients only
- Pharmacy will dispense IVIG products based on availability. Available preferred product includes Gammagard 10%. Gammagard 10% will be dispensed as our preferred product unless physician requests specialized product (must indicate the need of the specialized product) or if the preferred product is not available

	IgA content	Stabilizer	Osmolality
Preferred IVIG Product:			
Gammagard 10%	Average 37 mcg/mL	Glycine	240-300 mOsm/L
Alternative IVIG Products, if indicated/required:			
Gamunex-C 10%	46 mcg/mL	Glycine	258 mOsm/L
Privigen 10% *	Less than or equal to 25 mcg/mL	Proline	240– 440 mOsm/kg

* May use Privigen if the preferred product is not available or if patient does not tolerate the preferred products

NURSING:

- Infuse IVIG into a large vein in a separate infusion line.
- Filter is NOT required for **Gammagard 10%**, Gamunex-C 10% or Privigen 10%.
- Monitor:
 - Renal function, urine output
 - Vital signs as per order
- If infusion-related reactions occur (flushing, change in HR, BP, urticaria, angioedema, respiratory distress...), consider decreasing rate or stopping infusion and notify prescriber

ADVERSE REACTIONS:

- Infusion-related: flushing, tachycardia, hypertension, hypotension, chest tightness, hypersensitivity reactions
- Renal: acute renal failure, acute tubular necrosis (can occur 1-2 days after initiation of IVIG)
- Thrombotic complications (most events occur during or immediately after completion of infusion): myocardial infarction, stroke, DVT/PE
- Others: CNS (anxiety, headache, drowsiness), dermatologic (rash, pruritus), GI (abdominal cramp, N/V), respiratory (SOB, wheezing), pain and irritation at injection site