

Immune Globulin - Configurable

Immune globulin (gammagard / gammunex-c / privigen) no default dose or interval

Protocol Types

Infusion Treatment 1, Infusion Treatment 2, Infusion Treatment 3, Infusion Treatment 4

Patient name: _____ DOB: _____

Please include: ☐ Patient face sheet ☐ Insurance authorization (if other than Medicaid or non-Advantage Medicare)

Diagnosis: _____

Review: Every 358 days

Orders

	Interval	Defer Until	Duration
Labs			
☒ CBC and differential	Every visit		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Comprehensive metabolic panel	Every visit		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☒ Immunoglobulins (IgA, IgG, IgM), Quantitative	Every visit		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			

Pre-Medications

☒ acetaminophen (Tylenol) tablet 650 mg	Every visit		Until discontinued
650 mg, oral, Once, Starting at treatment start time			
☒ diphenhydrAMINE (BENADryl) 25 mg	Every visit		Until discontinued
25 mg, oral, Once, Starting at treatment start time			
Give diphenhydramine if patient has transportation. Give either loratadine or diphenhydrAMINE, not both.			
☒ loratadine (Claritin) tablet 10 mg	Every visit		Until discontinued
10 mg, oral, Once as needed, Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydrAMINE, not both., Starting at treatment start time, Until Discontinued			
Give loratadine if patient does NOT have transportation. Give either loratadine or diphenhydrAMINE, not both.			

Nursing Orders

☒ Nursing communication	Every visit		Until discontinued
Assess vital signs before initiating IVIG infusion, at each rate increase, and then hourly after reaching max rate.			

Therapeutic Medications

☒ AH THERAPEUTIC MEDICATIONS IMMUNE GLOBULIN (GAMMAGARD/GAMUNEX-C/PRIVIGEN/OCTAGAM) IV (NO DEFAULT DOSE)			
☒ Provider communication	Every visit		Until discontinued
IDEAL BODY WEIGHT IS SELECTED BY DEFAULT. Choose the appropriate product for administration.			

Total Body Weight should be used if less than Ideal Body Weight

a. IBW Males (kg) = 50 + (2.3 x (height in inches - 60))

b. IBW Females (kg) = 45.5 + (2.3 x (height in inches - 60))

	Interval	Defer Until	Duration
☐ immune globulin (human) (Gamunex-C) injection solution intravenous, Administer over: 6 Hours, Once, Starting 30 minutes after treatment start time Infuse at 1 mg/kg/min (0.01 mL/kg/min). If well-tolerated, the rate may be gradually increased to a maximum of 8 mg/kg/min (0.08 mL/kg/min).	Every visit		Until discontinued
☐ immune globulin (human) (Gammagard Liquid) injection solution intravenous, Administer over: 6 Hours, Once, Starting 30 minutes after treatment start time Primary Immunodeficiency (PI) Initiate at 0.5 mL/kg/hr (0.8 mg/kg/min); titrate every 30 minutes as tolerated to a maximum rate of 5 mL/kg/hr (8 mg/kg/min).	Every visit		Until discontinued
Multifocal Motor Neuropathy (MMN) & Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Initiate at 0.5 mL/kg/hr (0.8 mg/kg/min); increase as tolerated to a maximum rate of 5.4 mL/kg/hr (9 mg/kg/min).			
☐ immune globulin (human) (Privigen) infusion intravenous, Administer over: 6 Hours, Once, Starting 30 minutes after treatment start time Primary Immunodeficiency (PI) & Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Initiate at 0.5 mg/kg/min (0.005 mL/kg/min); increase as tolerated to a maximum rate of 8 mg/kg/min (0.08 mL/kg/min) .	Every visit		Until discontinued
Chronic Immune Thrombocytopenia Purpura (ITP) Initiate at 0.5 mg/kg/min (0.005 mL/kg/min); increase as tolerated to a maximum rate of 4 mg/kg/min (0.04 mL/kg/min).			
☐ immune globulin (human) (Octagam) infusion intravenous, Administer over: 6 Hours, Once, Starting 30 minutes after treatment start time IVIG infusion: Start at 0.01 mL/kg/min for 30 minutes; if tolerated, increase every 30 minutes to 0.02 mL/kg/min, 0.04 mL/kg/min, and 0.08 mL/kg/min; maximum rate 0.12 mL/kg/min.	Every visit		Until discontinued
For dermatomyositis, do not exceed 0.04 mL/kg/min due to increased thromboembolic risk. Ensure adequate hydration prior to administration.			

Emergency Medications

☒ Nursing communication STAT, Until discontinued Starting when released If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.	PRN		Until discontinued
☒ Vital Signs STAT, Every 15 min Starting when released If a hypersensitivity reaction occurs, perform vital signs every 15 minutes for one hour, then every 30 minutes for 2 hours.	PRN		Until discontinued
☒ Nursing communication Once Starting when released If hypersensitivity reaction occurs: - Elevate head of bed 30 degrees and place patient's head at 30 degree angle if possible - Start 2 liters oxygen per nasal cannula and maintain airway - Change and maintain IV line with 1000 mL 0.9% Normal Saline	PRN		Until discontinued
☒ sodium chloride 0.9 % infusion 30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg 2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day	PRN		Until discontinued
☒ albuterol HFA 90 mcg/act inhaler 2 puff 2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL	PRN		Until discontinued

	Interval	Defer Until	Duration
☒ acetaminophen (Tylenol) tablet 650 mg 650 mg, oral, Once as needed, fever, GREATER THAN or EQUAL TO 38 C, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydramine (BENADryl) injection 25 mg 25 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus	PRN		Until discontinued
☒ diphenhydramine (BENADryl) injection 50 mg 50 mg, intravenous, Administer over: 2 Minutes, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg 100 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For mild/moderate reaction: flushing, rash, pruritus - OR - For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued
☒ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg 0.3 mg, intramuscular, Once as needed, Hypersensitivity reaction, Starting when released, for 1 dose For severe reaction: respiratory distress, stridor, wheezing, hypotension (SBP LESS THAN 100 mm Hg)	PRN		Until discontinued

Appointment Requests

☒ Infusion Appointment Request Status: Once, Expected: S, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 0 days before or at most 0 days after	Once		1 treatment
☒ Nursing communication Until discontinued Starting when released Until Specified Update the interval for subsequent appointment requests to match intended frequency of administration to ensure appointment requests are sent to schedulers.	Every visit		Until discontinued
☒ Infusion Appointment Request Status: Once, Expected: S, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 0 days before or at most 0 days after	Every visit		Until discontinued

*Provider signature

Provider printed name

*Date

Time

*Provider phone#

*Denotes Field that must be completed by healthcare worker