Adventist Health

Immune Globulin Every 28 Days (Days 1-5)

Immune globulin (gammagard / gammunex-c / privigen) 0.4 g/kg per day Days 1-5 every 28 days

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 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☑ Comprehensive metabolic panel	Every 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
☑ Immunoglobulins (IgA, IgG, IgM), Quantitative	Every 28 days		Until discontinued
Status: Once, Expected: S, Clinic Collect, Blood, Venous, Blood, AH INTERNAL LAB (BEAKER), Routine			
Pre-Medications			
☑ acetaminophen (Tylenol) tablet 650 mg	5-day cycle every 28 days		Until discontinued
650 mg, oral, Once, Starting at treatment start time			
☑ diphenhydrAMINE (BENADryl) 25 mg	5-day cycle every 28 days		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	5-day cycle every 28 days		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	5-day cycle every 28 days		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 (0.4 G/KG)			
☑ Provider communication	5-day cycle every 28 days		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 0.4 g/kg (Ideal)	5-day cycle every 28 days		Until discontinued

0.4 g/kg, 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).

☐ immune globulin (human) (Gammagard Liquid) injection solution 0.4 g/kg (Ideal)	5-day cycle every 28 days		Until discontinued

0.4 g/kg, 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).

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 0.4 g/kg (Ideal)	5-day cycle every 28 days		Until discontinued

0.4 g/kg, 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) .

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 0.4 g/kg (Ideal)	5-day cycle every 28 days		Until discontinued

0.4 g/kg, 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.

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	PRN		Until discontinued

STAT, Until discontinued Starting when released Until Specified
If hypersensitivity reaction occurs, stop infusion IMMEDIATELY and CALL provider.

☑ Vital Signs	PRN		Until discontinued

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.

☑ Nursing communication	PRN		Until discontinued

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

☑ sodium chloride 0.9 % infusion	PRN		Until discontinued

30 mL/hr, intravenous, Continuous PRN, KVO, Starting when released, for 1 day

☑ albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution 2.5 mg	PRN		Until discontinued

2.5 mg, nebulization, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day

☑ albuterol HFA 90 mcg/act inhaler 2 puff	PRN		Until discontinued

	Interval	Defer Until	Duration
2 puff, inhalation, Every 4 hours PRN, Hypersensitivity reaction, Starting when released, for 1 day SHAKE WELL			
☑ acetaminophen (Tylenol) tablet 650 mg	PRN		Until discontinued
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			
☑ diphenhydrAMINE (BENADryl) injection 25 mg	PRN		Until discontinued
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			
☑ diphenhydrAMINE (BENADryl) injection 50 mg	PRN		Until discontinued
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)			
☑ hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg	PRN		Until discontinued
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)			
☑ EPINEPHrine (EpiPen;Adrenalin) injection solution 0.3 mg	PRN		Until discontinued
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)			

Appointment Requests

☑ Infusion Appointment Request	5-day cycle every 28 days		Until discontinued
Status: Once, Expected: S, Sched. Duration: 360 minutes, Sched. Tolerance: Schedule appointment at most 0 days before or at most 0 days after			

*Provider signature | Provider printed name | *Date | Time

*Provider phone#

***Denotes field that must be completed by healthcare worker**