



PHYSICIAN ORDER SET :
IVIG NEUROLOGY -SCHEDULE 2 DAYS MONTHLY

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Patient: _____ DOB: _____ Gender: _____

Patient Phone #: _____ Height: _____ Weight: _____

Diagnosis: _____ ICD-10 Code: _____

Treatment Start Date: _____

Provider Facility Name: _____ Provider Facility Address: _____

Ordering Provider: _____ Date: _____

Signature: _____

Complete, Sign, and fax this document to: **CDH Central Scheduling at 413-582-2183**

Please include H&P/current medications list/allergies, and ensure that med authorizations have been obtained

Pre-Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 325 mg 325 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every visit		Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every visit		Until discont'd
<input type="checkbox"/> hydrocortisone sodium succinate (PF) (Solu-CORTEF) injection 50 mg 50 mg, Intravenous, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every visit		Until discont'd
<input type="checkbox"/> loratadine (CLARITIN) tablet 10 mg 10 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every visit		Until discont'd
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 25 mg 25 mg, Intravenous, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every visit		Until discont'd
<input type="checkbox"/> diphenhydramine (BENADRYL) oral 25 mg 25 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i>	Every visit		Until discont'd



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Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> immune globulin (IGG) IV 55 g 55 g, Intravenous, for 20 Hours, Once, Starting H, For 1 Doses <i>Which brand of immune globulin (human) would you like to order? {IGG BRAND NAME PRODUCTS:24425} Pharmacy's Suggested Dose Instructions: for ITP -change frequency to daily for 2-5 days Instructions: IVIG should be administered via an infusion pump using a separate tubing and should not be mixed with other drugs or IV fluids. Infusion rates are specific to individual products and may vary with the brand and percent of solution. Refer to institutional guidelines for product specific rate charts to determine infusion rates. Monitor vital signs every 15 minutes for 30 minutes, then every 15 minutes for each dose escalation, then every hour until completion of the infusion. If patient experiences side effects, stop the infusion and notify MD/PA/NP. Follow your institutional guidelines for titration and duration of infusion.</i>	Every visit		Until discont'd

Labs

	Interval	Defer Until	Duration
<input type="checkbox"/> CBC Routine, Once, Starting S For 1 Occurrences, CBC includes: HCT, HGB, WBC, RBC, MCV, MCH, MCHC, PLT.	Once		1 treatment
<input type="checkbox"/> BUN Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Creatinine, random urine Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Creatinine/eGFR Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Urinalysis Routine, Once, Starting S For 1 Occurrences, *Except NWH* Urinalysis sediments are performed on all urines that have positive findings (blood, WBC, or protein) on the chemical urinalysis. Urine sediment does not need to be ordered separately.	Once		1 treatment
<input type="checkbox"/> C-reactive protein, high sensitivity Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Sedimentation rate (ESR) Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> PTT Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Comprehensive metabolic panel Routine, Once, Starting S For 1 Occurrences, consists of the following tests: Na, K, Cl, CO2, BUN, Glucose, Creatinine, Calcium, Albumin, Alkaline Phosphatase, Total Bilirubin, Total Protein, ALT, and AST	Once		1 treatment
<input type="checkbox"/> PT-INR Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Glucose Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> CPK (creatin kinase) Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Alanine aminotransferase (ALT) Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Aspartate aminotransferase (AST) Routine, Once, Starting S For 1 Occurrences	Once		1 treatment
<input type="checkbox"/> Bilirubin, total Routine, Once, Starting S For 1 Occurrences	Once		1 treatment



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Catheter management

	Interval	Defer Until	Duration
<input type="checkbox"/> Line Access Routine, Once, Starting S For 1 Occurrences, As needed. Starting when released. Until Specified. <i>Insert peripheral IV, or access peripheral, or central venous access device, to provide treatment.</i>	PRN		Until discont'd
<input type="checkbox"/> alteplase (CATHFLO) 1 mg/mL injection 2 mg 2 mg, Intracatheter, As needed, line care, For central venous access device requiring clearance. Administer per institutional guidelines. May repeat once per lumen, Starting S	PRN		Until discont'd
<input type="checkbox"/> lidocaine-prilocaine (EMLA) cream Topical, As needed, pre procedure/treatment, Apply prior to the PIV insertion or port access, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 100 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 10 units/mL flush 5 mL 5 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> heparin 1000 units/mL flush 2 mL 2 mL, Intracatheter, As needed, line care, APHERESIS LINE CARE ONLY per institutional policy. HEPARIN MUST BE WITHDRAWN FROM EACH LUMEN PRIOR TO FLUSHING OR INFUSING THROUGH THE APHERESIS CATHETER, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 3 mL 3 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 10 mL 10 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride (NS) 0.9 % syringe flush 20 mL 20 mL, Intravenous, As needed, line care, Line care per institutional guidelines, Starting S	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd
<input type="checkbox"/> D5W infusion 20 mL/hr, Intravenous, Continuous PRN, other (free text field), Keep vein open to provide treatment, Starting S	PRN		Until discont'd

Emergency Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S, Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.	PRN		Until discont'd
<input type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Starting S <i>For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL</i>	PRN		Until discont'd
<input type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, other (free text field), For hypotension, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> Oxygen Therapy - Non-Rebreather Routine <i>Select a Mode of Therapy: Non-Rebreather</i>	PRN		Until discont'd
<input type="checkbox"/> Tryptase STAT, Once, Starting S For 1 Occurrences <i>Collect for mild-moderate, or SEVERE reaction</i>	PRN		Until discont'd



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Hypersensitivity

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued, Starting S For Until specified, Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.	PRN		Until discont'd
<input type="checkbox"/> albuterol (ACCUNEB) nebulizer solution 2.5 mg 2.5 mg, Nebulization, Once as needed, shortness of breath, wheezing, wheezing, shortness of breath, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting S	PRN		Until discont'd
<input type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> cetirizine (ZyrTEC) tablet 10-20 mg 10-20 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving fexofenadine.</i>	PRN		Until discont'd
<input type="checkbox"/> fexofenadine (ALLEGRA) tablet 90-180 mg 90-180 mg, Oral, Once as needed, allergies, Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses <i>HOLD IF giving cetirizine.</i>	PRN		Until discont'd
<input type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, other (free text field), Adjunct treatment for mild-moderate, or SEVERE reaction, Starting S, For 1 Doses	PRN		Until discont'd
<input type="checkbox"/> ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, Starting S, For 2 Doses	PRN		Until discont'd
<input type="checkbox"/> meperidine (DEMEROL) injection 25 mg 25 mg, Intravenous, Once as needed, rigors, Starting S, For 1 Doses	PRN		Until discont'd