



(Patient Sticker)



PHYSICIAN ORDER SET :
IVIG NEUROLOGY

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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> | Once | | 1 treatment |
| <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> | Once | | 1 treatment |
| <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> | Once | | 1 treatment |
| <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> | Once | | 1 treatment |
| <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> | Once | | 1 treatment |
| <input type="checkbox"/> diphenhydramine (BENADRYL) tablet 25 mg 25 mg, Oral, Once, Starting S, For 1 Doses <i>Administer at least 30 mins prior to treatment.</i> | Once | | 1 treatment |



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Medications

| | Interval | Defer Until | Duration |
|---|----------|-------------|-------------|
| <input type="checkbox"/> immune globulin (IGG) IV 400 mg/kg (Ideal) 400 mg/kg, Intravenous, for 20 Hours, Once, Starting S, For 1 Doses <i>Which brand of immune globulin (human) would you like to order? {IGG BRAND NAME PRODUCTS:24425} Total Dose based on Ideal or Actual body weight, whichever is less. 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> | Once | | 1 treatment |
| <input type="checkbox"/> immune globulin (IGG) IV 75 g 75 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> | Once | | 1 treatment |

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 |



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Labs (continued)

| | Interval | Defer Until | Duration |
|---|----------|-------------|-------------|
| <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 |

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 |



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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 |

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 |