

Physician's Orders
**IMMUNE GLOBULIN, INTRAVENOUS (IV) -
ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER**
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 Patient Name
 DOB
 MRN
 Physician
 CSN

Corewell Health Site of Service (select one):

Blodgett Hospital
 1840 Wealthy St. SE
 Grand Rapids, MI 49506
 Phone: 616.391.0351
 Fax: 616.391.8969

Gerber Hospital
 230 West Oak St.
 Fremont, MI 49412
 Phone: 231.924.1305
 Fax: 231.924.1798

Greenville Hospital
 615 S. Bower St.
 Greenville, MI 48838
 Phone: 616.225.9330
 Fax: 616.754.4043

Helen DeVos Children's Hospital
 35 Michigan St. NE Floor 2
 Grand Rapids, MI 49503
 Phone: 616.267.1925
 Fax: 616.267.1005

Lemmen Holton Cancer Pavilion
 145 Michigan St. NE Ste 5200
 Grand Rapids, MI 49503
 Phone: 616.486.6099
 Fax: 616.486.6415

Ludington Hospital
 1 Atkinson Dr.
 Ludington, MI 49431
 Phone: 231.845.5085
 Fax: 231.845.5025

Neuro Infusion ICCB
 2750 E Beltline Ave. NE
 Grand Rapids, MI 49525
 Phone: 616.391.0351
 Fax: 616.391.8969

Pennock Hospital
 1009 W Green St.
 Hastings, MI 49058
 Phone: 269.798.6762
 Fax: 269.798.6763

Reed City Hospital
 4499 S 220th Ave.
 Reed City, MI 49677
 Phone: 231.832.7105
 Fax: 231.832.0195

Zeeland Hospital
 8333 Felch St.
 Zeeland, MI 49464
 Phone: 616.748.3640
 Fax: 616.748.3690

Brownstown Infusion Clinic
 19725 Allen Rd. Ste 101
 Brownstown Twp, MI 48183
 Phone: 734.479.2371
 Fax: 734.479.2451

Dearborn Hospital
 18101 Oakwood Blvd.
 Dearborn, MI 48124
 Phone: 313.593.5913
 Fax: 313.593.8551

Farmington Hills Hospital
Botsford
 28050 Grand River Ave.
 Farmington Hills, MI 48336
 Phone: 947.521.8174
 Fax: 248.471.8217

Grosse Pointe Infusion Clinic
 21400 E 11 Mile Rd.
 Saint Clair Shores, MI 48081
 Phone: 586.498.4498
 Fax: 586.498.4497

Lenox Infusion Clinic
 36555 26 Mile Rd. Ste 3300
 Lenox, MI 48048
 Phone: 947.523.4060
 Fax: 947.523.4061

Livonia Infusion Clinic
 39000 W 7 Mile Rd. Ste 3000
 Livonia, MI 48152
 Phone: 947.523.4360
 Fax: 734.542.3356

Royal Oak
 3601 W 13 Mile Rd.
 Royal Oak, MI 48073
 Phone: 248.898.1000
 Fax: 248.551.3168

Troy Hospital
 44344 Dequindre Rd. Ste 230
 Sterling Heights, MI 48314
 Phone: 248.964.3080
 Fax: 248.964.2409

Wayne Hospital
 33155 Annapolis St.
 Wayne, MI 48184
 Phone: 734.467.2556
 Fax: 734.467.2505

Marie Yeager Cancer Center
 3900 Hollywood Rd.
 Saint Joseph, MI 49085
 Phone: 269.556.7180
 Fax: 269.556.7185

Niles Infusion
 42 N St. Joseph Ave. Ste 303
 Niles, MI 49120
 Phone: 269.684.6140
 Fax: 269.683.8744

Watervliet Hospital
 400 Medical Park Dr.
 Watervliet, MI 49098
 Phone: 269.463.2310
 Fax: 269.463.0012

PATIENT INFORMATION:

Name: First _____ Middle _____ Last _____

Date of birth _____ Phone (_____) _____

Address _____

City _____ State _____ Zip code _____

REFERRAL: Infusion Therapy

Referring Physician (print) _____

Office: Phone (_____) _____ Fax (_____) _____

Direct line for urgent questions about patient (_____) _____

CONTINUED ON PAGE 2 ➔
**NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached
to the appropriate Infusion Referral Order in Epic.**

**IMMUNE GLOBULIN, INTRAVENOUS (IV) -
ADULT, OUTPATIENT, COREWELL HEALTH
INFUSION CENTER (CONTINUED)**
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Patient Name _____

DOB _____

MRN _____

Physician _____

CSN _____

Infusions:

Anticipated Infusion Date: _____ ICD-10 Code with Description: _____

Height _____ (cm) Weight _____ (kg) Allergies _____

Labs to be collected:

IgG, Blood Level
 Every visit

Additional lab order(s) _____
 Every visit

Pre-medications:

Acetaminophen (TYLENOL) PO Once 325 mg 500 mg 650 mg 1000 mg
 Diphenhydramine (BENADRYL) PO Once 25 mg 50 mg
 Methylprednisolone Sodium Succinate (SOLU-Medrol) IV Once 80 mg 125 mg _____ mg
 Additional pre-medications: _____

Treatment:Immune globulin 10% Privigen Gamunex-C Gammagard Octagam Gammagard S/D (low IgA)Immune globulin 5% Gammagard S/D (low IgA)

Dose:
 0.4 g/kg
 0.5 g/kg
 1 g/kg
 2 g/kg
 _____ g

Frequency:
 Once
 Daily
 Every 14 days
 Every 21 days
 Every 28 days
 Every _____

Duration:
 For 5 doses
 For _____ doses

IVIG to be dosed using ideal body weight (IBW) when actual body weight is greater than or equal to IBW. IVIG to be dosed using actual body weight when less than IBW.

Start infusion at 0.3 mL/kg/hour and if tolerated, may double infusion rate every 30 minutes up to maximum infusion rate

Maximum infusion rate:

4.8 mL/kg/hr (standard max rate)
 2 mL/kg/hr (standard reduced rate)
 1 mL/kg/hr
 Other: _____

Reason for reduced maximum infusion rate:

Risk for renal dysfunction
 Risk for thrombosis
 Kawasaki disease
 Chronic immune idiopathic thrombocytopenic purpura (ITP)
 Transplant patient
 Cardiovascular disease
 Pulmonary disease
 Other: _____

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IMMUNE GLOBULIN, INTRAVENOUS (IV) - ADULT, OUTPATIENT, COREWELL HEALTH INFUSION CENTER (CONTINUED)

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Supplemental Orders

The following orders will be applied to the patient's plan unless otherwise indicated

Appointment Requests

Infusion Appointment Request

Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after infusion and possible labs

Provider Ordering Guidelines

ONC PROVIDER REMINDER 10

IMMUNE GLOBULIN INTRAVENOUS HUMAN (IVIG):

For actual body weight greater than or equal to IBW (non-underweight patients), initially dose IVIG using IBW. For actual body weight less than IBW (underweight patients), initially dose IVIG using actual body weight.

Round IVIG doses to the nearest 5 gm (vial size).

Vitals

Vital Signs

Routine, PRN Starting when released Until Specified

Vital Signs: Routine vital signs per policy.

Nursing Orders

ONC NURSING COMMUNICATION 11

IMMUNE GLOBULIN INTRAVENOUS HUMAN (IVIG):

If mild reactions occur (headache, flushing, dizziness, nausea, chills, mild hypotension): Temporarily stop or slow infusion rate. Notify ordering physician/NP/PA. If symptoms subside promptly, the infusion may be resumed at a lower rate (that does not result in recurrence of the symptoms).

For severe reactions (including anaphylaxis): Discontinue IVIG and notify ordering physician/NP/PA.

Monitor patient vital signs throughout the infusion. Slow or stop infusion if adverse reactions occur. If symptoms subside promptly, the infusion may be resumed at a lower rate that is comfortable for the patient. Certain severe adverse drug reactions may be related to the rate of infusion. Slowing or stopping the infusion usually allows the symptoms to disappear promptly.

ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol

Hypersensitivity Reaction Adult Oncology Protocol

Until discontinued Starting when released, Until Specified

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials _____

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

TRANSCRIBED:		VALIDATED:		ORDERED:		
TIME	DATE	TIME	DATE	TIME	DATE	Pager #
				R.N. Sign	Physician Print	Physician Sign

EPIC VERSION DATE: 12/14/23