

Physician's Orders

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

Page 1 to 3

Corewell Health Site of Service (select one):

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Blodgett Hospital
1840 Wealthy St. SE
Grand Rapids, MI 49506
Phone: 616.391.0351
Fax: 616.391.8969 | <input type="checkbox"/> Gerber Hospital
230 West Oak St.
Fremont, MI 49412
Phone: 231.924.1305
Fax: 231.924.1798 | <input type="checkbox"/> Greenville Hospital
615 S. Bower St.
Greenville, MI 48838
Phone: 616.225.9330
Fax: 616.754.4043 | <input type="checkbox"/> Helen DeVos Children's Hospital
35 Michigan St. NE Floor 2
Grand Rapids, MI 49503
Phone: 616.267.1925
Fax: 616.267.1005 |
| <input type="checkbox"/> Lemmen Holton Cancer Pavilion
145 Michigan St. NE Ste 5200
Grand Rapids, MI 49503
Phone: 616.486.6099
Fax: 616.486.6415 | <input type="checkbox"/> Ludington Hospital
1 Atkinson Dr.
Ludington, MI 49431
Phone: 231.845.5085
Fax: 231.845.5025 | <input type="checkbox"/> Neuro Infusion ICCB
2750 E Beltline Ave. NE
Grand Rapids, MI 49525
Phone: 616.391.0351
Fax: 616.391.8969 | <input type="checkbox"/> Pennock Hospital
1009 W Green St.
Hastings, MI 49058
Phone: 269.798.6762
Fax: 269.798.6763 |
| <input type="checkbox"/> Reed City Hospital
4499 S 220 th Ave.
Reed City, MI 49677
Phone: 231.832.7105
Fax: 231.832.0195 | <input type="checkbox"/> Zeeland Hospital
8333 Felch St.
Zeeland, MI 49464
Phone: 616.748.3640
Fax: 616.748.3690 | | |

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Brownstown Infusion Clinic
19725 Allen Rd. Ste 101
Brownstown Twp, MI 48183
Phone: 734.479.2371
Fax: 734.479.2451 | <input type="checkbox"/> Dearborn Hospital
18101 Oakwood Blvd.
Dearborn, MI 48124
Phone: 313.593.5913
Fax: 313.593.8551 | <input type="checkbox"/> Farmington Hills Hospital
Botsford
28050 Grand River Ave.
Farmington Hills, MI 48336
Phone: 947.521.8174
Fax: 248.471.8217 | <input type="checkbox"/> Grosse Pointe Infusion Clinic
21400 E 11 Mile Rd.
Saint Clair Shores, MI 48081
Phone: 586.498.4498
Fax: 586.498.4497 |
| <input type="checkbox"/> Lenox Infusion Clinic
36555 26 Mile Rd. Ste 3300
Lenox, MI 48048
Phone: 947.523.4060
Fax: 947.523.4061 | <input type="checkbox"/> Livonia Infusion Clinic
39000 W 7 Mile Rd. Ste 3000
Livonia, MI 48152
Phone: 947.523.4360
Fax: 734.542.3356 | <input type="checkbox"/> Royal Oak
3601 W 13 Mile Rd.
Royal Oak, MI 48073
Phone: 248.898.1000
Fax: 248.551.3168 | |
| <input type="checkbox"/> Troy Hospital
44344 Dequindre Rd. Ste 230
Sterling Heights, MI 48314
Phone: 248.964.3080
Fax: 248.964.2409 | <input type="checkbox"/> Wayne Hospital
33155 Annapolis Ct.
Wayne, MI 48184
Phone: 734.467.2556
Fax: 734.467.2505 | | |

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Marie Yeager Cancer Center
3900 Hollywood Rd.
Saint Joseph, MI 49085
Phone: 269.556.7180
Fax: 269.556.7185 | <input type="checkbox"/> Niles Infusion
42 N St. Joseph Ave. Ste 303
Niles, MI 49120
Phone: 269.684.6140
Fax: 269.683.8744 | <input type="checkbox"/> 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)

Page 2 to 3

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:

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

Page 3 to 3

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

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:		Pager #
TIME	DATE	TIME	DATE	TIME	DATE	
Sign		R.N. Sign		Physician Print		Physician Sign

EPIC VERSION DATE: 12/14/23

X25261 (8/25) – Page 3 of 3 © Corewell Health