NOW
or
STAT ☐

IVIG (Immune Globulin) Order Set

Prior to Infusion

1. Laboratory and Monitoring
   ☐ BMP now ☐ CMP now ☐ CBC + differential now ☐ Liver panel now ☐ Other_____
2. Pre-Medication Orders (give one dose 30-minutes prior to each infusion unless specified)
   ☐ Acetaminophen ☐ 500 ☐ 650 ☐ 1000 mg ☐ PO or ☐ PR ☐ MR x 1
   ☐ Diphenhydramine ☐ 25 ☐ 50 mg ☐ IV or ☐ PO ☐ MR x 1
   ☐ Methylprednisolone (Solu-Medrol) ☐ 40 ☐ 125 mg IV
   ☐ Prednisone _____mg PO
   ☐ Hydrocortisone (Solu-Cortef) 100 mg IV
   ☐ Dexamethasone 10 mg IV
   ☐ Hydration with Normal Saline_____mL/hour x 2 hours prior to each infusion
   ☐ Other _____

IVIG Infusion

3. IVIG Product Selection (choose one of the following):
   ☐ Porter Hospital Formulary IVIG
   USE for ALL patients unless they have a transplanted kidney or severe renal insufficiency, have an IgA deficiency, or have a documented reaction to previous IVIG infusion.
   ☐ Sucrose-free IVIG (**ONLY available to inpatients**, refer outpatients to home care agencies)
   USE for patients who have a transplanted kidney or severe renal insufficiency.
4. IVIG Dose
   ■ Diagnosis_____
   ■ Ht: _____ ABW: _____ kg (If patient is greater than 130% of IBW, pharmacy will calculate AdjBW to use for dosing)
   ☐ Immune Globulin _____ grams/kg IV
   Frequency: ☐ x 1 dose ☐ daily x _____doses ☐ _____
   - (Pharmacy will round to the nearest vial size)
5. Infusion Rate
   ☐ Start dose at_____(time, if known) on _____(date)
   ■ Standard Infusion Instructions
   - Start infusion at 25 mL/hour for at least 15 minutes
   - Then increase to 50 mL/hour for at least 15 minutes
   - Then increase to 100 mL/hour for at least 15 minutes
   - Then increase to 200 mL/hour for at least 15 minutes
   - Then increase to 300 mL/hour for at least 15 minutes
   - Then may increase to a maximum rate of 400 mL/hour as tolerated until infusion complete.

   ■ For patients who have previously received IVIG, starting rate and infusion rates may vary per nurse's discretion.
6. Medications for treatment of side effects or if anaphylaxis reaction is suspected (PRN)
   ☐ Acetaminophen ☐ 650 ☐ PO or ☐ PR every 4 hours PRN
   ☐ Diphenhydramine ☐ 25 ☐ 50 mg ☐ IV or ☐ PO every 4 hours PRN
7. Nursing Instruction
   - Monitor HR, RR, BP, and Temp every 15, 30, and 60 minutes after starting infusion and after every rate change, then hourly until end of infusion.
   - If the patient is experiencing side effects – administer appropriate medications to treat the symptoms, keep the same rate or consider stopping the infusion, and proceed with titration once side effects have subsided.
   - If the patient has clinical signs of anaphylaxis – call rapid response, stop infusion, and notify physician immediately.
   - Use dedicated IV line for administration.
   - Solution MUST be room temperature for administration.

Physician Signature _____ Date _____ Time _____

**PATIENT BARCODE LABEL
MUST BE PLACED IN THIS SPACE**

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IVIG Prescribing Reference

(Dose recommendations may vary by manufacturer)

INDICATION	DOSE
First line treatment agent for:	
Primary immunodeficiency+: • Congenital agammaglobulinemia • Common variable immunodeficiency • X-linked agammaglobulinemia • Wiskott-Aldrich Syndrome • Severe combined immunodeficiency	0.4 g/kg every 4 weeks Titrate dose to trough IgG level (goal greater than 5 g/L)
B-cell chronic lymphocytic leukemia (CLL-associated antibody deficiency)+	0.4 g/kg every 3-4 weeks (Monitor trough IgG level every 3-6 months)
Acute idiopathic thrombocytopenic purpura (ITP)+ - platelets less than 20,000 or actively bleeding	0.4 g/kg/day for 3-5 days OR 1 g/kg/day for 1-2 days
Bone marrow transplantation+	0.5 g/kg on days 7 and 2 before transplant, then 0.5 g/kg weekly until 90 days after transplant*
Kawasaki's disease+	0.4 g/kg for 4 days OR a single dose of 2 g/kg
Chronic inflammatory demyelination polyneuropathy	1 g/kg/day for 2 days OR 0.3-0.4 g/kg/day for 4-5 days
Guillain-Barre Syndrome (GBS)	0.4 g/kg for 5 days OR 1 g/kg/day for 2 days
Second line agent or adjunctive treatment agent for:	
Anemia, autoimmune hemolytic (AIHA)	0.2-0.4 g/kg/day for five days
Dermatomyositis	1 g/kg/day for 2 days, repeated every 4 weeks
Myasthenia gravis	2 g/kg/day for 2-5 days
Myeloma multiple	0.5 g/kg once a month
Neutropenia, immune-mediated	0.3 g/kg/day for 3 days
Inflammatory myopathies (polymyositis)	1 g/kg/day for 1-2 days repeated every 2-4 weeks
Pure red cell aplasia, with documented parvovirus B10 infection and severe anemia	0.4 g/kg once
Systemic lupus erythematosus (SLE)	0.4 g/kg/day for 5 days
Stiff man syndrome	0.4 g/kg/day for 3-5 days repeated every 4-6 weeks
Thrombocytopenia, refractory to platelet transfusions	0.4 g/kg/day for 5 days
Toxic Shock Syndrome	initial dosage is 2 g/kg, followed by 0.4 g/kg for as long as 5 days
Vasculitic syndromes, systemic	0.4 g/kg/day for 5 days

+ FDA approved use of IVIG (as well as Pediatric HIV type 1 infection)

* Investigators have confirmed that the half-life of IgG is significantly reduced (30 hours to 10 days) in bone marrow transplant recipients compared to normal individuals (Rand et al, 1989; Hagenbeek et al, 1987).

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