Physician’s Orders

CYTOMEGALOVIRUS IMMUNE GLOBULIN HUMAN (CYTOGAM) - ADULT, OUTPATIENT, INFUSION CENTER

Defaults for orders not otherwise specified below:

- Interval: Every 14 days
- Interval: Weeks 12 & 16 post-transplant
- Interval: Every ___ days

Duration:

- 4 Treatments
- 2 Treatments (weeks 12 & 16 post-transplant)
- Until date:
- _____# of Treatments

Anticipated Infusion Date___________ ICD 10 Code with Description_____________________________________
Height__________(cm) Weight__________(kg) Allergies________________________________________

Provider Specialty

☐ Allergy/Immunology ☐ Infectious Disease ☐ OB/GYN ☐ Rheumatology
☐ Cardiology ☐ Internal Med/Family Practice ☐ Other ☐ Surgery
☐ Gastroenterology ☐ Nephrology ☐ Otolaryngology ☐ Urology
☐ Genetics ☐ Neurology ☐ Pulmonary ☐ Wound Care

Site of Service

☐ SH Gerber ☐ SH Lemmen Holton (GR) ☐ SH Pennock ☐ SH United Memorial
☐ SH Helen DeVos (GR) ☐ SH Ludington ☐ SH Reed City ☐ SH Zeeland

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

Labs - FOR WEEKS 12 & 16 ONLY

☐ IgG, Blood Level


Additional Lab Orders

☐ Labs:_________________________________________ Interval Duration

☐ Every ___days ☐ Until date: _______

☐ Once ☐ 1 year

☐ 1 year # of Treatments

Nursing Orders

☐ ONC NURSING COMMUNICATION 11

CYTOMEGALOVIRUS IMMUNE GLOBULIN (CYTOGAM):

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 Cytogam and notify ordering physician/NP/PA.

Obtain vital signs (temperature, BP, HR and RR) and oxygen saturation during administration. During administration, the patient’s vital signs should be monitored continuously and careful observation made for any symptoms throughout the infusion.

☐ ONC NURSING COMMUNICATION 100

May Initiate IV Catheter Patency Adult Protocol
**Nursing Orders (continued)**

### Vitals

- **Vital Signs**
  - Routine, PRN, Starting S, For Until specified
  - Vital signs should be taken pre-infusion, mid-way and post-infusion as well as before any rate increases. During administration of cytomegalovirus immune globulin, the patient's vital signs should be monitored continuously and careful observation made for any symptoms throughout the infusion.

### Pre-Medications

- **acetaminophen (TYLENOL) tablet 650 mg**
  - 650 mg, Oral, Once, Starting H, For 1 Doses
- **diphenhydramine (BENADRYL) capsule 25 mg**
  - 25 mg, Oral, Once, Starting S, For 1 Doses
- **ondansetron (ZOFRAN) injection 4 mg**
  - 4 mg, Intravenous, Administer over 5 Minutes, Once, Starting S, For 1 Doses
- **furosemide (LASIX) injection 20 mg**
  - 20 mg, Intravenous, Administer over 2 Minutes, Once, Starting S, For 1 Doses

### Additional Pre-Medications

- Pre-medication with dose: _______________________________________________________________

### Medications

- **cytomegalovirus immune glob (CYTOGAM) infusion**
  - **Dose:**
    - ☐ 50 mg/kg
    - ☐ 100 mg/kg (common dosing for weeks 12 & 16)
    - ☐ 150 mg/kg (common dosing for every 2 weeks x 4)
  - Intravenous, Titrate, Starting S+30 Minutes, For 1 Doses
  - Concentration = 50 mg/mL.

  All patients with actual body weight greater than or equal to ideal body weight (IBW) (non-underweight patients), should be initially dose using IBW.

  Administer through a dedicated IV line containing an in-line 15 micron filter (a 0.2 micron filter is also acceptable). Do not mix with other infusions; do not use if turbid. Infusion with other products is not recommended; however, if unavoidable, may be piggybacked into an IV line of NS, D5W, D10W, or dextrose 20% in water. Do not dilute more than 1:2.

  Initial infusion: Begin infusion at 15 mg/kg/hour (0.3mL/kg/hour). If no adverse reactions occur within 30 minutes, may increase rate to 30 mg/kg/hour (0.6mL/kg/hour). If no adverse reactions occur within the second 30 minutes, may increase rate to 60 mg/kg/hour (1.2mL/kg/hour); maximum rate of infusion: 75 mL/hour.

  Monitor closely after each rate change. If patient develops nausea, back pain, or flushing during infusion, slow the rate or temporarily stop the infusion. Discontinue if blood pressure drops or in case of anaphylactic reaction.

  Subsequent infusions: Initiate at 15 mg/kg/hour (0.3 mL/kg/hour) for the first 15 minutes, if no infusion-related reactions, increase to 30 mg/kg/hour (0.6 mL/kg/hour) for the next 15 minutes; if rate is tolerated, increase to 60 mg/kg/hour (1.2 mL/kg/hour) and maintain this rate until completion of dose; maximum infusion rate: 60 mg/kg/hour (1.2 mL/kg/hour) or not to exceed 75 mL/hour.

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**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.