Physician's Orders
IMMUNE GLOBULIN - PEDIATRIC, OUTPATIENT, INFUSION CENTER
Page 1 of 6

Defaults for orders not otherwise specified below:
- Interval: Once
- Interval: Every 28 days
- Interval: Every 42 days
- Interval: Every 56 days
- Interval: Every 84 days
- Interval: Every ___ days

Duration:
- Once
- Until date: ____________
- 1 year
- ______ # 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
Labs and infusion

Provider Reminder
- ☑ ONC PROVIDER REMINDER

For symptoms of allergic reaction or anaphylaxis, order "Peds Hypersensitivity Reactions" Therapy Plan.

Labs

<table>
<thead>
<tr>
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<th>Interval</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Complete Blood Count W/ Manual Differential</td>
<td>Every ___ days</td>
<td>Until date: _______ 1 year</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>______ # of Treatments</td>
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<tr>
<td>Complete Blood Count w/Differential</td>
<td>Every ___ days</td>
<td>Until date: _______ 1 year</td>
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<td>______ # of Treatments</td>
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Additional Lab Orders

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<th>Duration</th>
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<tbody>
<tr>
<td>Labs:</td>
<td>Every ___ days</td>
<td>Until date: _______ 1 year</td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>______ # of Treatments</td>
</tr>
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</table>

CONTINUED ON PAGE 2 ➔

NOTE: Epic Treatment/Therapy Plan Orders. To be scanned/attached to the appropriate Infusion Referral Order in Epic.
<table>
<thead>
<tr>
<th>Interval</th>
<th>Duration</th>
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**Hypogammaglobulinemia, ITP & Rheumatology Only**

**Pre-Medications - Hypogammaglobulinemia, ITP & Rheumatology ONLY**

### Acetaminophen Premed-select Susp, Tab OR Chewable

- **acetaminophen (TYLENOL) 32 MG/ML suspension 15 mg/kg**
  - 15 mg/kg, Oral, Every 6 hours, For 2 Doses
  - Give 30 minutes prior to infusion.
  - Recommended maximum single dose is 650 mg
  - No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

- **acetaminophen (TYLENOL) tablet 15 mg/kg**
  - 15 mg/kg, Oral, Every 6 hours, Starting S, For 2 Doses
  - Give 30 minutes prior to infusion.
  - Recommended maximum single dose is 650 mg
  - No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

- **acetaminophen (TYLENOL) dispersible / chewable tablet 15 mg/kg**
  - 15 mg/kg, Oral, Every 6 hours, Starting S, For 2 Doses
  - Give 30 minutes prior to infusion.
  - Recommended maximum single dose is 650 mg
  - No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

### Diphenhydramine Premed-select Cap, Liquid OR Injection

- **diphenhydramINE (BENADRYL) capsule 1 mg/kg**
  - 1 mg/kg, Oral, Every 6 hours, Starting S, For 2 Doses
  - Give 30 minutes prior to infusion.
  - Recommended maximum single dose 50 mg

- **diphenhydramINE (BENADRYL) 12.5 MG/5ML elixir 1 mg/kg**
  - 1 mg/kg, Oral, Every 6 hours, Starting S, For 2 Doses
  - Give 30 minutes prior to infusion.
  - Recommended maximum single dose 50 mg

- **diphenhydramINE (BENADRYL) injection 1 mg/kg**
  - 1 mg/kg, Intravenous, Every 6 hours, Starting S, For 2 Doses
  - Give 30 minutes prior to infusion.
  - Recommended maximum single dose 50 mg

- **methylPREDNISolone sodium succinate (SOLU-Medrol) injection 1 mg/kg**
  - 1 mg/kg, Intravenous, Administer over 15 Minutes, Starting S, For 1 Doses
  - Administer 30 minutes prior to infusion.
  - Recommended maximum single dose 80 mg
  - To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

### Dexamethasone Premed-select IV OR Oral Route

- **dexamethasone (DECADRON) tablet 0.1 mg/kg**
  - 0.1 mg/kg, Oral, Once, Starting S, For 1 Doses
  - Administer 30 minutes prior to infusion.
  - Recommended maximum single dose 0.15 mg/kg

- **dexamethasone (DECADRON) injection 0.1 mg/kg**
  - 0.1 mg/kg, Intravenous, Administer over 5 Minutes, Once, Starting S, For 1 Doses
  - Administer 30 minutes prior to infusion.
  - Recommended maximum single dose 0.15 mg/kg

- **dexamethasone (DECADRON) injection 0.1 mg/kg**
  - 0.1 mg/kg, Oral, Once, Starting S, For 1 Doses
  - Administer 30 minutes prior to infusion.
  - Recommended maximum single dose 0.15 mg/kg

- **sodium chloride flush 0.9 % syringe 20 mL (FOR ITP)**
  - 20 mL, Intravenous, PRN, Line Care, Starting S, For 2 Doses
  - Administer IVIG in a separate infusion line from other medications. If using primary IV line, flush with Sodium Chloride 0.9% prior to and post IVIG infusion. Note: if IVIG dose is dispensed in a syringe, only flush with the volume of the tubing.
IMMUNE GLOBULIN - PEDIATRIC, OUTPATIENT, INFUSION CENTER (CONTINUED)

Additional Pre-Medications - Hypogammaglobulinemia, ITP & Rheumatology ONLY

☐ Pre-medication with dose: __________________________________________________________

☐ Pre-medication with dose: __________________________________________________________

Hypogammaglobulinemia

☐ immune globulin 10% (Privigen) infusion

Dose: Pharmacy can round within a 10% threshold to match vial size.

☐ 0.4 g/kg
☐ 0.5 g/kg
☐ 1 g/kg

Intravenous, Titrate, Starting S, For 1 Doses
Start infusion at 0.5 mL/kg/hour and if tolerated, may double infusion rate every 30 minutes, to a maximum rate of 1.6 mL/kg/hr. Do NOT infuse in less than 3 hours. Administer in separate infusion line from other medications. If using primary IV line, flush with sodium chloride 0.9% prior to and post IVIG infusion. Give IVIG 30 minutes AFTER pre-meds (i.e acetaminophen and diphenhydramine) if ordered.

ITP

☐ immune globulin 10% (Privigen) infusion

Dose: Pharmacy can round within a 10% threshold to match vial size.

☐ 0.5 g/kg
☐ 1 g/kg

Intravenous, Titrate, Starting S, For 1 Doses
For ITP patients infuse over 4-10 hours. Start infusion at 0.5 mL/kg/hour and if tolerated, may double infusion rate every 30 minutes, to a maximum rate of 1.4 mL/kg/hr. Do NOT infuse in less than 4 hours. Administer in separate infusion line from other medications. If using primary IV line, flush with sodium chloride 0.9% prior to and post IVIG infusion. Give IVIG 30 minutes AFTER pre-meds (i.e acetaminophen and diphenhydramine) if ordered.

Rheumatology

☐ immune globulin 10% (Privigen) infusion

Dose: Pharmacy can round within a 10% threshold to match vial size.

☑ 0.5 mg/kg

Intravenous, Titrate, Starting S, For 1 Doses
Start infusion at 0.5 mL/kg/hour and if tolerated, may double infusion rate every 30 minutes, to a maximum rate of 2 mL/kg/hr. Do NOT infuse in less than 3 hours. Administer in separate infusion line from other medications. If using primary IV line, flush with sodium chloride 0.9% prior to and post IVIG infusion. Give IVIG 30 minutes AFTER pre-meds (i.e acetaminophen and diphenhydramine) if ordered.

Nursing Orders - Hypogammaglobulinemia, ITP, Rheumatology ONLY

☑ ONC NURSING COMMUNICATION 1
- Monitor vital signs with pulse oximetry every 15 minutes until the maximum delivery rate is reached then hourly x 2, then every 2 hours x 2 then every 4 hours until complete

- Notify provider if O2 saturation is less than or equal to 92%

- For signs of infusion reaction: fever, chills, dyspnea, urticaria, headache, muscle aches. STOP infusion and notify provider. For resumption of infusion after reaction, restart IVIG at 50% of reaction rate if reaction signs and symptoms subside and physician has verified permission to restart.

- Verify that patient has diphenhydramine / Epi-pen available (as appropriate) for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.
BMT ONLY
Pre-Medications – BMT ONLY

☐ Acetaminophen Premed-select Susp, Tab OR Chewable
- acetaminophen (TYLENOL) 32 MG/ML suspension 15 mg/kg
  15 mg/kg, Oral, Every 6 hours, For 2 Doses
  Give 30 minutes prior to infusion.
  Recommended maximum single dose is 650 mg
  No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

☐ Acetaminophen (TYLENOL) tablet 15 mg/kg
  15 mg/kg, Oral, Every 6 hours, Starting S, For 2 Doses
  Give 30 minutes prior to infusion.
  Recommended maximum single dose is 650 mg
  No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

☐ Acetaminophen (TYLENOL) dispersible / chewable tablet 15 mg/kg
  15 mg/kg, Oral, Every 6 hours, Starting S, For 2 Doses
  Give 30 minutes prior to infusion.
  Recommended maximum single dose is 650 mg
  No more than 5 doses from all sources in 24 hour period, not to exceed 4000 mg/day

☐ Diphenhydramine Premed-select Cap, Liquid OR Injection
- diphenhydramINE (BENADRYL) capsule 1 mg/kg
  1 mg/kg, Oral, Every 6 hours, Starting S, For 2 Doses
  Give 30 minutes prior to infusion.
  Recommended maximum single dose 50 mg

- diphenhydrAMINE (BENADRYL) 12.5 MG/5ML elixir 1 mg/kg
  1 mg/kg, Oral, Every 6 hours, Starting S, For 2 Doses
  Give 30 minutes prior to infusion.
  Recommended maximum single dose 50 mg

☐ DiphenhydramINE (BENADRYL) injection 1 mg/kg
  1 mg/kg, Intravenous, Every 6 hours, Starting S, For 2 Doses
  Give 30 minutes prior to infusion.
  Recommended maximum single dose 50 mg

☐ methylPREDNISolone sodium succinate (SOLU-Medrol) injection 1 mg/kg
  1 mg/kg, Intravenous, Administer over 15 Minutes, Starting S, For 1 Doses
  Administer 30 minutes prior to infusion.
  Recommended maximum single dose 80 mg
  To reconstitute Act-O-Vial: Push top of vial to force diluent into lower compartment, then gently agitate. NON Act-O-Vials may be reconstituted with 2 mL of 0.9% sodium chloride for injection or bacteriostatic water for injection.

☐ Dexamethasone Premed-select IV OR Oral Route
- dexamethasone (DECADRON) tablet 0.1 mg/kg
  0.1 mg/kg, Oral, Once, Starting S, For 1 Doses
  Administer 30 minutes prior to infusion.
  Recommended maximum single dose 0.15 mg/kg

- dexamethasone (DECADRON) injection 0.1 mg/kg
  0.1 mg/kg, Intravenous, Administer over 5 Minutes, Once, Starting S, For 1 Doses
  Administer 30 minutes prior to infusion.
  Recommended maximum single dose 0.15 mg/kg

- dexamethasone (DECADRON) injection 0.1 mg/kg
  0.1 mg/kg, Oral, Once, Starting S, For 1 Doses
  Administer 30 minutes prior to infusion.
  Recommended maximum single dose 0.15 mg/kg

Additional Pre-Medications – BMT Only

☐ Pre-medication with dose: ________________________________________________

☐ Pre-medication with dose: ________________________________________________
BMT

Select Immune Globulin 5% (low Iga) Or 10%

☐ immune globulin 10% (Privigen) infusion

Dose: Pharmacy can round within a 10% threshold to match vial size.

- 0.4 g/kg
- 0.5 g/kg
- 1 g/kg
- ____ g/kg

Treatment Indication:

- ITP-Peds and Adult
- Heart Transplant: Severe Rejection- Hemodynamic Compromise
- Heart/Lung Transplant: Antibody Mediated Rejection
- Heart/Lung Transplant: Desensitization
- Lung Transplant: Donor Specific-Anti-HLA Antibody Treatment
- Lung Transplant: Respiratory Syncytial Virus
- Hematopoietic Cell Transplant-Peds and Adult
- Adult Neurologic Conditions
- Streptococcal Toxic Shock Syndrome
- Primary Immunodeficiency or low IgG-Peds and Adult
- Kawasaki Disease
- Pediatric Myocarditis
- Pediatric Rheumatologic Conditions
- Pediatric Neurologic Conditions
- Neonatal Indirect Hyperbilirubinemia
- Other: ___________________________

Intravenous, Titrate, Starting S, For 1 Doses

For BMT patients, start infusion at 0.5 mL/kg/hr and if tolerated, may double infusion rate every 30 minutes, to a maximum rate of 1.6 mL/kg/hr. Do NOT infuse in less than 3 hours. Administer in separate infusion line from other medications. If using primary IV line, flush with sodium chloride 0.9% prior to and post IVIG infusion. Give IVIG 30 minutes AFTER pre-meds (i.e acetaminophen and diphenhydramine) if ordered.

☐ immune globulin LOW IGA 5% (GAMMAGARD S/D) infusion

Dose: Pharmacy can round within a 10% threshold to match vial size.

- 0.4 g/kg
- 0.5 g/kg
- 1 g/kg
- ____ g/kg

Treatment Indication:

- ITP-Peds and Adult
- Heart Transplant: Severe Rejection- Hemodynamic Compromise
- Heart/Lung Transplant: Antibody Mediated Rejection
- Heart/Lung Transplant: Desensitization
- Lung Transplant: Donor Specific-Anti-HLA Antibody Treatment
- Lung Transplant: Respiratory Syncytial Virus
- Hematopoietic Cell Transplant-Peds and Adult
- Adult Neurologic Conditions
- Streptococcal Toxic Shock Syndrome
- Primary Immunodeficiency or low IgG-Peds and Adult
- Kawasaki Disease
- Pediatric Myocarditis
- Pediatric Rheumatologic Conditions
- Pediatric Neurologic Conditions
- Neonatal Indirect Hyperbilirubinemia
- Other: ___________________________

Intravenous, Titrate, Starting S, For 1 Doses

For BMT patients, start infusion at 0.5 mL/kg/hr and if tolerated, may double infusion rate every 30 minutes, to a maximum rate of 1.6 mL/kg/hr. Do NOT infuse in less than 3 hours. Administer in separate infusion line from other medications. If using primary IV line, flush with sodium chloride 0.9% prior to and post IVIG infusion. Give IVIG 30 minutes AFTER pre-meds (i.e acetaminophen and diphenhydramine) if ordered.
BMT
Nursing Orders – BMT ONLY

- ONC NURSING COMMUNICATION 15
  For Heme/Onc BMT patients, the IVIG infusion duration should be a minimum of 3 hours. Do NOT titrate to maximum infusion rate on Drug Quick Reference.

- ONC NURSING COMMUNICATION 1
  - Monitor vital signs with pulse oximetry every 15 minutes until the maximum delivery rate is reached then hourly x 2, then every 2 hours x 2 then every 4 hours until complete
  - Notify provider if O2 saturation is less than or equal to 92%
  - For signs of infusion reaction: fever, chills, dyspnea, urticaria, headache, muscle aches. STOP infusion and notify provider. For resumption of infusion after reaction, restart IVIG at 50% of reaction rate if reaction signs and symptoms subside and physician has verified permission to restart.
  - Verify that patient has diphenhydramine / Epi-pen available (as appropriate) for immediate home use. Advise patient that severe hypersensitivity or anaphylactic reactions may occur during and after infusion. Inform patients of signs and symptoms of anaphylaxis and hypersensitivity reactions, and importance of seeking medical care.

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.

<table>
<thead>
<tr>
<th>TRANSCRIBED:</th>
<th>VALIDATED:</th>
<th>ORDERED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME</td>
<td>DATE</td>
<td>TIME</td>
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</table>
|              |            | Sign     | R.N. Sign| Physician Print | Physician

EPIC VERSION DATE: 07/16/20