



REVISED January 2015

**IVIG**

Date written \_\_\_\_\_ To begin \_\_\_\_\_

Patient's: Height _____ cm	Weight _____ kg	BSA _____ m <sup>2</sup>
Allergies: <input type="checkbox"/> No	<input type="checkbox"/> Yes: _____	
Diagnosis _____	Metastatic Site _____	

- Laboratory Studies:  None needed prior to first dose of chemo  
 Additional labs needed prior to first dose chemo: \_\_\_\_\_
- Consent Obtained ?  
 Yes
- Infusion Room General Order Set will be initiated
- Premedications: (For all cycles, unless otherwise specified)  
 Hydration: **none**  
 Antiemetics: **Diphenhydramine 25 mg po IV Push**  
**Acetaminophen 650 mg po**
- IVIG \_\_\_\_\_ mg/kg = \_\_\_\_\_ mg  $\left. \begin{matrix} > \\ > \end{matrix} \right\}$  given IV q \_\_\_\_\_ x \_\_\_\_\_ prepared as a  
 \_\_\_\_\_ grams/kg = \_\_\_\_\_ grams 5% or 10% solution (Pharmacy choice)
- NSS @ KVO.
- Begin IVIG infusion at 50 ml per hour for 15 minutes and increase by 50/ ml increments every 15 minutes until maximum rate of 200 ml/hr.
- Monitor vital signs every 15 minutes with each rate increase until maximum rate, then every hour until infusion is completed.
- If adverse reaction stop IVIG infusion. Administer NSS @ 100 ml/hr.  
 Call \_\_\_\_\_ M.D. at pager # \_\_\_\_\_ for adverse reaction.
- Repeat this order q \_\_\_\_\_ x \_\_\_\_\_  
 (Requires new order every 6 months)

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Attending's Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Pager number \_\_\_\_\_ Date \_\_\_\_\_ Time AM/PM \_\_\_\_\_



MR CHEMO ORDER