INFUSION SUITE	IVIG INFUSION ORDERS

CIG - Clark Infusion Clinic | 120 S Maple St, Ste 7, Winchester, KY 40391 | Phone: 859-306-0168 | Fax: 859-306-0169

PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards

Name:	**DOB:**

MEDICAL INFORMATION

ICD10 / Diagnosis:	**Height:**
Allergies / Hypersensitivities:	**Weight (kg):**
	***Weigh patient at each visit**

REQUIRED CLINICAL DOCUMENTATION

☑ **IgA *Prior to Initiation**	☑ **BUN/Creatinine *Annually**
Additional labs:	
☑ **Insert IV**	☐ **Access Port/PICC**

PREMEDICATIONS **30 minutes prior to starting**

☐ **Acetaminophen:**	☐ **325mg PO X1**	☐ **500mg PO X1**	☐ **650mg PO X1**	☐ **1000mg PO X1**
☐ **Diphenhydramine:**	☐ **25mg IV X1**	☐ **25mg PO X1**	☐ **50mg IV X1**	☐ **50mg PO X1**
☐ **Solumedrol:**	☐ **40mg IV X1**	☐ **100mg IV X1**	☐ **125mg IV X1**	
☐ **Antihistamine**	☐ **Cetirizine 10mg PO X1**		☐ **Loratadine 10mg PO X1**	
☐ **Additional PRN:**				

IVIG ORDERS

IVIG:_____ ☑ **No brand preference**

☐ **Loading: _____ g/kg total over _____ days *OR* _____g per day x _____ days (_____ total grams)**

☐ **Subsequent: _____ g/kg IV *OR* _____ g over _____ days every _____ weeks X _____ (____grams per day)**

POST INFUSION

☐ **Additional Orders:**

☐ **Flush IV line with 25mL NS at the same rate of infusion. D/C IV.**

☐ **Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess**

☑ **Discharge home**	☐ **May keep IV or port accessed for successive treatments**

Signature:	**Date:**
Provider Name/Credentials: ☑ Robert Cline, DO	**Provider Phone:** (859) 306-0168
Provider Name/Credentials: ☐	**Provider Name/Credentials:** ☐
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Infusion Directions:

- Remove vial and allow to come to room temp before administration
- Hang vials from smallest vial to largest vial (least quantity to largest quantity)
- Discard and document any drug waste and infuse per PI/titration table

Nursing Considerations:

- Monitor BP. Notify provider for BP > 160/90
- Remind patient on the need for oral hydration