Sparrow Intravenous Immune Globulin (IVIG) Order Form		
Complete and return to Sparrow Infusion Center. See next page for accepted indications and dosing. For alternate dosing or indications, literature supporting IVIG use is required and subject to approval by pharmacist.		
Patient Name DOB Weig	ht (actual)l	kg Heightcm
(Infusion Center Use Only) Sparrow MRN		<=
Diagnosis IVIG Treatment Indication: ICD-10 diagnosis code: Your patient will be scheduled upon confirmation of insurance coverage. This may take up to 72 hours.		
2. Pre-Medications ☐ Acetaminophen (Tylenol®) mg orally x 1 dose ☐ Diphenhydramine ☐ Loratadine (Claritin®) 10 mg orally x 1 dose ☐ Diphenhydramine ☐ Other:	(Benadryl [®]) (Benadryl [®])	mg orally x 1 dose mg IV x 1 dose
 3. IVIG Product Selection □ Privigen® 10% - Formulary/preferred product □ Gammagard® 10% - Patient must be previously stabilized on this product or have contraindication to formulary product. □ Gammagard® S/D Powder 10% - Patient must be previously stabilized on this product or have contraindication to formulary product. 		
4. Dose/Frequency VIVIG grams/kg Daily for day Every weeks For patients ≥18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW. For patients < 18 years, IVIG dose will be determined based on Ideal BW.	ears, IVIG dose will be	determined based on
5. Labs □ IVIG trough level prior to infusion on □ Other:		
6. Nursing orders ☐ Use central venous access device. ☐ Start peripheral venous access. Discontinue peripheral access after infusion ☐ Heparin for central venous access device flush: ☐ IP 500 units/ml ☐ PICC/tunneled catheter 250 units/ml ☐ Peripheral 10 ✓ Initiate Anaphylaxis Protocol if needed. ✓ Discharge home when vital signs stable.	PAR 069A 57: 67:	8
7. Other orders/instructions		
Physician Signature X	Date	Time
Physician Printed Name		
Office Contact	Office P	hone
Pharmacy Use Only: 1. Circle weight to use: Ideal BWkg	IVIG Ord	v Health System ders – Infusion Center 0.10 (rev. AS 11/18)
ph Signature Date:		