CommonSpirit

Infusion Therapy Order

Patient Name:_____ Date of Birth:_____

Address:_____ Height: _____ Weight: _____

Phone:_____ Allergies: _____

Primary Diagnosis:_____ ICD-10 Code:_____

Requested Infusion Start Date:_____ Frequency:_____

Infusion Location:_____Duration:_____

Insurance Authorization: _____

Prescriber Information:

Prescriber Name:_____ NPI: _____

Address: _____

Phone: _____ Fax: _____

Prescriber Signature:_____

******Please use a single line and mark through any orders you do not want if it is pre-checked…The Appointment request is required, but make edits to the Interval and Duration as needed…Please add any additional orders on the last page******

SJH NEURO IMMUNOGLOBULIN (IVIG)

version 5/24/2023

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (300 MIN)**			
☑	Infusion Appointment Request			

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 300 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Provider Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PHYSICIAN COMMUNICATION GAMUNEX-C**			
☑	Provider Communication	Every visit	S	Until discont'd

Consider ordering serum creatinine. May influence rate of infusion. Select the Gammunex-C radio button.

Nursing Communication

		Interval	Defer Until	Duration
☑	**SJH ONCBCN NURSING COMMUNICATION NEURO STANDARD**			
☑	Nursing Communication	Every visit	S	Until discont'd

Obtain baseline vital signs pre-infusion, one hour into infusion and post infusion. Assess for any signs or symptoms of adverse reaction. Slow infusion rate if needed. Implement infusion reaction management standing orders if patient develops reaction. Apply telemetry if condition warrants. Notify provider for any adverse reactions.

☑	Nursing Communication	Every visit	S	Until discont'd

For questions during office hours, contact provider's office number. Contact cell phone of provider for signs and symptoms of allergic reaction.

☑	**SJH ONCBCN NURSING COMMUNICATION GAMUNEX-C**			
☑	Nursing Communication	Every visit	S	Until discont'd

Monitor for infusion side effects such as: flushing, fever, dizziness, hypertension, and anaphylaxis. Symptoms usually begin within 1 hour of starting infusion.

☑	**SJH ONCBCN NURSING COMMUNICATION NEURO POST INFUSION OBSERVATION AND DISCHARGE**			
☑	Nursing Communication	Every visit	S	Until discont'd

Observe patient one hour post infusion. Discharge patient to home after discontinuing the peripheral/port IV when infusion observation completed.

Flushes

		Interval	Defer Until	Duration
☑	**SJH ONCBCN SODIUM CHLORIDE 0.9% 100 ML/HR - KVO**			
☑	sodium chloride 0.9% (NS) infusion	Every visit	S	Until discont'd

500 mL, intravenous, at 100 mL/hr, As needed, For primary line., Starting when released, Until Discontinued
Infuse at 100 ml/hr for the duration of treatment. May increase or decrease rate as needed.

Flushes (continued)

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 PO / DIPH 25 PO)**			
☑	diphenhydrAMINE (BENADRYL) tablet/capsule 25 mg	Every visit	S	Until discont'd

25 mg, oral, Once, Starting when released
Pharmacists to reduce dose to 12.5 mg regardless of route in patients 65 years and older. EXCEPTION: Patients on chemotherapy, receiving transfusion or allergic reaction treatment.

☑	acetaminophen (TYLENOL) tablet 650 mg	Every visit	S	Until discont'd

650 mg, oral, Once, Starting at treatment start time
Recommended maximum dose of acetaminophen is 4000 mg from all sources in 24 hours

Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY IMMUNE GLOBULIN NO DOSE (30 MN OFFSET)**			
◎	immune globulin (human) (PRIVIGEN) 10% infusion			

intravenous, Once, Starting 30 minutes after treatment start time
Initiate at 25 mL/hr x 30 minutes. If well tolerated, increase to 50 mL/hr x 30 minutes, then infuse remainder of dose over 4 hours; unless otherwise instructed by prescriber.
Monitor vital signs and for adverse reactions 30 minutes after the start of the infusion and after every rate increase.
Infusion should be stopped immediately and physician contacted for the following:
- Fall in systolic blood pressure to less than 90 mm Hg
- Shortness of breath, dyspnea, respiratory distress
- Urticaria, edema of eyelids, lips, or tongue
- Chest tightness, tachycardia (heart rate more than 25% over baseline)

◎ immune globulin (human) (GAMMAGARD) 5 gram injection

intravenous, Once, Starting 30 minutes after treatment start time
Initiate at 25 mL/hr x 30 minutes. If well tolerated, increase to 50 mL/hr x 30 minutes, then infuse remainder of dose over 4 hours; unless otherwise instructed by prescriber.
Monitor vital signs and for adverse reactions 30 minutes after the start of the infusion and after every rate increase.
Infusion should be stopped immediately and physician contacted for the following:
- Fall in systolic blood pressure to less than 90 mm Hg
- Shortness of breath, dyspnea, respiratory distress
- Urticaria, edema of eyelids, lips, or tongue
- Chest tightness, tachycardia (heart rate more than 25% over baseline)

◎ immune globulin (human) (GAMUNEX-C) injection

Medications (continued)

	Interval	Defer Until	Duration

intravenous, Once, Starting 30 minutes after treatment start time
Initiate at 25 mL/hr x 30 minutes. If well tolerated, increase to 50 mL/hr x 30 minutes, then infuse remainder of dose over 4 hours; unless otherwise instructed by prescriber.
Monitor vital signs and for adverse reactions 30 minutes after the start of the infusion and after every rate increase.
Infusion should be stopped immediately and physician contacted for the following:

- Fall in systolic blood pressure to less than 90 mm Hg
- Shortness of breath, dyspnea, respiratory distress
- Urticaria, edema of eyelids, lips, or tongue
- Chest tightness, tachycardia (heart rate more than 25% over baseline)

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS**			
☑	IV/CVAD Line Care	PRN	S	Until discont'd
	Access existing central venous access device or insert peripheral IV as needed. Restart peripheral IV catheter (as needed) for any signs of redness, pain, swelling.			
☑	Deaccess/Discontinue CVAD	PRN	S	Until discont'd
	No details available for preview			
☑	Oxygen Therapy	PRN	S	Until discont'd
	No details available for preview			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Continuous PRN, Hypersensitivity reaction to chemotherapy, Starting when released, Until Discontinued Initiate infusion at 500 ml/hr. Titrate up to 999ml/hr to maintain SBP greater than 100.			
	Start for any grade of reaction.			
☑	diphenhydrAMINE (BENADRYL) injection 50 mg	PRN	S	Until discont'd
	50 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Start for any grade of reaction.			
☑	famotidine (PEPCID) injection 20 mg	PRN	S	Until discont'd
	20 mg, intravenous, Once as needed, Hypersensitivity reaction Start for any grade of reaction.			
☑	dexamethasone (DECADRON) injection	PRN	S	Until discont'd
	10 mg, intravenous, Once as needed, Hypersensitivity reaction, Starting when released Give for Grade II - MODERATE symptoms or Grade III - SEVERE/Anaphylaxis Symptoms			
☑	EPINEPHrine (ADRENALIN) HYPERSENSITIVITY USE injection 1 mg/mL	PRN	S	Until discont'd

	Interval	Defer Until	Duration

0.3 mg, intraMUSCULAR, Once as needed, Hypersensitivity reaction, Starting when released
Do NOT administer via direct IV injection without dilution.

Give for Grade III - SEVERE/Anaphylaxis Symptoms.