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 IMMUNOGLOBULIN (IVIG)

version 5/7/2024

Appointment Request

		Interval	Defer Until	Duration
☑	**SJH ONCBCN THERAPY INF APPOINTMENT REQUEST (180 MIN)**			
☑	Infusion Appointment Request			

Status: Future, Expected: S Approximate, Expires: S+365, Sched. Duration: 180 minutes, Sched. Tolerance: Schedule appointment at most 2 days before or at most 2 days after

Labs

		Interval	Defer Until	Duration
☑	**SJH ONCBCN LAB CBC AUTO DIFFERENTIAL (OR CBC 3 PART) LOCATION SPECIFIC RULE**			
	☐ CBC with Automated Diff			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not London or Corbin			
	☐ CBC Auto Diff 3 Parts			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Corbin			
☑	**SJH ONCBCN LAB CMP OR (BMP, HF) LOCATION SPECIFIC RULE**			
	☐ Comprehensive metabolic panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Not Blazer or Bob-O-Link			
	☐ Oncology Basic Metabolic Panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Bob-O-Link			
	☐ Hepatic function panel			
	No details available for preview Selection Condition: Lab location - SJH Oncology - Blazer			

Pre-Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN PREMED (APAP 650 PO / DIPH 25 IVP)**			
	☑ 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. Premed 30-60 minutes before each dose.			
	☑ diphenhydrAMINE (BENADRYL) injection 25 mg	Every visit	S	Until discont'd
	25 mg, intravenous, Once, Starting at treatment start time Premed 30-60 minutes before each dose. Push over 2 minutes diluted in NS primary IV line			

Flush Line

		Interval	Defer Until	Duration
☑	**SJH ONCBCN D5W 100 ML/HR - KVO**			
☑	dextrose 5% (D5W) infusion	Every visit	S	Until discont'd

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

Medications

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY IMMUNOGLOBULIN 400 MG/KG**			
☐	immune globulin (human) (PRIVIGEN) 10% infusion 400 mg/kg (Ideal)	Every 1 day	S	5 treatments

400 mg/kg, intravenous, Once, Starting when released
Use Ideal Body Weight (IBW) unless Actual Body Weight less than IBW.

Monitor vital signs, HR, BP, O2 sats every 15 minutes x 4, then q 30 minutes x2, then hourly.

If a hypersensitivity reaction occurs, decrease rate or stop infusion. For severe reactions administer the following and contact MD immediately:
• diphenhydramine 50 mg slow IV push
• methylprednisolone 125 mg IV push
• epinephrine 1:1000 solution 1 mL subcutaneous injection

Infusion Rate based on *** kg (*** lb):

Start D5W at 10ml/hr.

Start the initial IVIG infusion at 0.01 mL/kg/min (*** ml/hr) for 30 minutes. If no adverse reactions
occur, rate may be increased to 0.02 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, infusion may be further increased to 0.04 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, the infusion may be further increased to 0.07 mL/kg/minute (*** ml/hr) until completion. Do not exceed MAX RATE 0.07 mL/kg/minute (*** ml/hr). Decrease rate if reaction occurs or stop infusion if severe and call physician.

REQUIREMENTS for SLOW infusion rate:
• >65 years old
• renal dysfunction
• diabetes
• sepsis
• hyperproteinemia
• risk of thrombosis
• receiving renally toxic drugs
IF one or more of the above requirements is met, IVIG MUST be administered as a SLOW infusion.
Infuse at the minimum infusion rate practical, not to exceed 0.03 mL/kg/minute (*** ml/hr).

		Interval	Defer Until	Duration
☐	**SJH ONCBCN THERAPY IMMUNOGLOBULIN 400 MG/KG**			
☐	immune globulin (human) (PRIVIGEN) 10% infusion 400 mg/kg (Ideal)	1 time a week	S	8 treatments

Medications (continued)

	Interval	Defer Until	Duration

400 mg/kg, intravenous, Once, Starting when released
Use Ideal Body Weight (IBW) unless Actual Body Weight less than IBW.

Monitor vital signs, HR, BP, O2 sats every 15 minutes x 4, then q 30 minutes x2, then hourly.

If a hypersensitivity reaction occurs, decrease rate or stop infusion. For severe reactions administer the following and contact MD immediately:
• diphenhydramine 50 mg slow IV push
• methylprednisolone 125 mg IV push
• epinephrine 1:1000 solution 1 mL subcutaneous injection

Infusion Rate based on *** kg (*** lb):

Start D5W at 10ml/hr.

Start the initial IVIG infusion at 0.01 mL/kg/min (*** ml/hr) for 30 minutes. If no adverse reactions
occur, rate may be increased to 0.02 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, infusion may be further increased to 0.04 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, the infusion may be further increased to 0.07 mL/kg/minute (*** ml/hr) until completion. Do not exceed MAX RATE 0.07 mL/kg/minute (*** ml/hr). Decrease rate if reaction occurs or stop infusion if severe and call physician.

REQUIREMENTS for SLOW infusion rate:
• >65 years old
• renal dysfunction
• diabetes
• sepsis
• hyperproteinemia
• risk of thrombosis
• receiving renally toxic drugs
IF one or more of the above requirements is met, IVIG MUST be administered as a SLOW infusion.
Infuse at the minimum infusion rate practical, not to exceed 0.03 mL/kg/minute (*** ml/hr).

☐ **SJH ONCBCN THERAPY IMMUNOGLOBULIN 400 MG/KG**

☐	immune globulin (human) (PRIVIGEN) 10% infusion 400 mg/kg (Ideal)	Every 14 days	S	4 treatments

Medications (continued)

	Interval	Defer Until	Duration

400 mg/kg, intravenous, Once, Starting when released
Use Ideal Body Weight (IBW) unless Actual Body Weight less than IBW.

Monitor vital signs, HR, BP, O2 sats every 15 minutes x 4, then q 30 minutes x2, then hourly.

If a hypersensitivity reaction occurs, decrease rate or stop infusion. For severe reactions administer the following and contact MD immediately:
• diphenhydramine 50 mg slow IV push
• methylprednisolone 125 mg IV push
• epinephrine 1:1000 solution 1 mL subcutaneous injection

Infusion Rate based on *** kg (*** lb):

Start D5W at 10ml/hr.

Start the initial IVIG infusion at 0.01 mL/kg/min (*** ml/hr) for 30 minutes. If no adverse reactions
occur, rate may be increased to 0.02 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, infusion may be further increased to 0.04 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, the infusion may be further increased to 0.07 mL/kg/minute (*** ml/hr) until completion. Do not exceed MAX RATE 0.07 mL/kg/minute (*** ml/hr). Decrease rate if reaction occurs or stop infusion if severe and call physician.

REQUIREMENTS for SLOW infusion rate:
• >65 years old
• renal dysfunction
• diabetes
• sepsis
• hyperproteinemia
• risk of thrombosis
• receiving renally toxic drugs
IF one or more of the above requirements is met, IVIG MUST be administered as a SLOW infusion.
Infuse at the minimum infusion rate practical, not to exceed 0.03 mL/kg/minute (*** ml/hr).

☐ **SJH ONCBCN THERAPY IMMUNOGLOBULIN 500 MG/KG**

☐	immune globulin (human) (PRIVIGEN) 10% infusion 500 mg/kg (Ideal)	Every 4 weeks	S	12 treatments

Medications (continued)

	Interval	Defer Until	Duration

500 mg/kg, intravenous, Once, Starting when released
Use Ideal Body Weight (IBW) unless Actual Body Weight less than IBW.

Monitor vital signs, HR, BP, O2 sats every 15 minutes x 4, then q 30 minutes x2, then hourly.

If a hypersensitivity reaction occurs, decrease rate or stop infusion. For severe reactions administer the following and contact MD immediately:
• diphenhydramine 50 mg slow IV push
• methylprednisolone 125 mg IV push
• epinephrine 1:1000 solution 1 mL subcutaneous injection

Infusion Rate based on *** kg (*** lb):

Start D5W at 10ml/hr.

Start the initial IVIG infusion at 0.01 mL/kg/min (*** ml/hr) for 30 minutes. If no adverse reactions
occur, rate may be increased to 0.02 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, infusion may be further increased to 0.04 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, the infusion may be further increased to 0.07 mL/kg/minute (*** ml/hr) until completion. Do not exceed MAX RATE 0.07 mL/kg/minute (*** ml/hr). Decrease rate if reaction occurs or stop infusion if severe and call physician.

REQUIREMENTS for SLOW infusion rate:
• >65 years old
• renal dysfunction
• diabetes
• sepsis
• hyperproteinemia
• risk of thrombosis
• receiving renally toxic drugs
IF one or more of the above requirements is met, IVIG MUST be administered as a SLOW infusion.
Infuse at the minimum infusion rate practical, not to exceed 0.03 mL/kg/minute (*** ml/hr).

☐ **SJH ONCBCN THERAPY IMMUNOGLOBULIN 500 MG/KG**

☐	immune globulin (human) (PRIVIGEN) 10% infusion 500 mg/kg (Ideal)	Every 6 weeks	S	12 treatments

Medications (continued)

	Interval	Defer Until	Duration

500 mg/kg, intravenous, Once, Starting when released
Use Ideal Body Weight (IBW) unless Actual Body Weight less than IBW.

Monitor vital signs, HR, BP, O2 sats every 15 minutes x 4, then q 30 minutes x2, then hourly.

If a hypersensitivity reaction occurs, decrease rate or stop infusion. For severe reactions administer the following and contact MD immediately:
• diphenhydramine 50 mg slow IV push
• methylprednisolone 125 mg IV push
• epinephrine 1:1000 solution 1 mL subcutaneous injection

Infusion Rate based on *** kg (*** lb):

Start D5W at 10ml/hr.

Start the initial IVIG infusion at 0.01 mL/kg/min (*** ml/hr) for 30 minutes. If no adverse reactions
occur, rate may be increased to 0.02 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, infusion may be further increased to 0.04 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, the infusion may be further increased to 0.07 mL/kg/minute (*** ml/hr) until completion. Do not exceed MAX RATE 0.07 mL/kg/minute (*** ml/hr). Decrease rate if reaction occurs or stop infusion if severe and call physician.

REQUIREMENTS for SLOW infusion rate:
• >65 years old
• renal dysfunction
• diabetes
• sepsis
• hyperproteinemia
• risk of thrombosis
• receiving renally toxic drugs
IF one or more of the above requirements is met, IVIG MUST be administered as a SLOW infusion.
Infuse at the minimum infusion rate practical, not to exceed 0.03 mL/kg/minute (*** ml/hr).

☐ **SJH ONCBCN THERAPY IMMUNOGLOBULIN 500 MG/KG**

☐	immune globulin (human) (PRIVIGEN) 10% infusion 500 mg/kg (Ideal)	Every 8 weeks	S	12 treatments

Medications (continued)

	Interval	Defer Until	Duration

500 mg/kg, intravenous, Once, Starting when released
Use Ideal Body Weight (IBW) unless Actual Body Weight less than IBW.

Monitor vital signs, HR, BP, O2 sats every 15 minutes x 4, then q 30 minutes x2, then hourly.

If a hypersensitivity reaction occurs, decrease rate or stop infusion. For severe reactions administer the following and contact MD immediately:
• diphenhydramine 50 mg slow IV push
• methylprednisolone 125 mg IV push
• epinephrine 1:1000 solution 1 mL subcutaneous injection

Infusion Rate based on *** kg (*** lb):

Start D5W at 10ml/hr.

Start the initial IVIG infusion at 0.01 mL/kg/min (*** ml/hr) for 30 minutes. If no adverse reactions
occur, rate may be increased to 0.02 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, infusion may be further increased to 0.04 mL/kg/minute (*** ml/hr) for the next 30 minutes. If tolerated, the infusion may be further increased to 0.07 mL/kg/minute (*** ml/hr) until completion. Do not exceed MAX RATE 0.07 mL/kg/minute (*** ml/hr). Decrease rate if reaction occurs or stop infusion if severe and call physician.

REQUIREMENTS for SLOW infusion rate:
• >65 years old
• renal dysfunction
• diabetes
• sepsis
• hyperproteinemia
• risk of thrombosis
• receiving renally toxic drugs
IF one or more of the above requirements is met, IVIG MUST be administered as a SLOW infusion.
Infuse at the minimum infusion rate practical, not to exceed 0.03 mL/kg/minute (*** ml/hr).

Hypersensitivity Medications

		Interval	Defer Until	Duration
☑	**SJH ONCBCN HYPERSENSITIVITY MEDS THERAPY PLAN**			
☑	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

		Interval	Defer Until	Duration
	Clinic Performed, Status: Future, Expected: S, Expires: S+396 Start for any grade of reaction. O2 Delivery Method: Nasal cannula Titrate to saturation of: 92% Indications of O2: Other (see comments)			
☑	sodium chloride 0.9% (NS) infusion	PRN	S	Until discont'd
	1,000 mL, intravenous, at 500 mL/hr, Once as needed, Hypersensitivity reaction, Starting when released 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, Starting when released 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
	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.			