



Change order details by crossing out unwanted information and writing in desired details/instructions.
Place a line through the X to remove the pre-checked option.

IMMUNE GLOBULIN (IVIG) INFUSION PLAN [11500854] Columbia Network Infusion Centers

Select Location: Southwest/Vancouver St John/Longview Start Date: _____

Diagnosis/Indication: _____

ICD-10 Code(s): _____ Authorization Number: _____

Patient Vitals: Height _____ Weight _____

Provider Communication Orders

To reduce delays in treatment and phone calls to your office, you may participate in the PeaceHealth formulary process by selecting this option. A clinic pharmacist will adjust orders according to PeaceHealth site approved policies and procedures.

I agree to utilize the PeaceHealth policies & procedures that have been reviewed by the Pharmacy & Therapeutics Committee and authorized by the Medical Executive Committee of PeaceHealth. This agreement will be issued for the duration of active orders contained within this treatment plan.

Labs	Interval
<input type="radio"/> BUN	Frequency _____
<input type="radio"/> CBC W/ Automated Differential	Frequency _____
<input type="radio"/> DAT, Polyspecific	Frequency _____
<input type="radio"/> Immunoglobulin G, Total	Frequency _____
<input type="radio"/> Creatinine	Frequency _____

Pre-Medications	Interval
<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 650 mg	Every Visit Route: Oral
<input checked="" type="checkbox"/> diphenhydramine (BENADRYL) capsule 25 mg	Every Visit Route: Oral
<input type="radio"/> dexamethasone (DECADRON) IV 10 mg	Every Visit Route: IV

Supportive Care	Interval
<input type="radio"/> Immune Globulin (PRIVIGEN) 400 mg/kg IV Once every month for _____ months	
<input type="radio"/> Immune Globulin (PRIVIGEN) 400 mg/kg IV Every day x 5 days	Frequency _____
<input type="radio"/> Immune Globulin (PRIVIGEN) 1000 mg/kg IV Every day x 2 days	Frequency _____
<input type="radio"/> Immune Globulin (PRIVIGEN): Dose _____	Frequency _____

If Insurance requires a product other than Privigen, please call us directly at 360-514-2005 to discuss.

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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IMMUNE GLOBULIN (IVIG) INFUSION PLAN

Vascular Access (single select)		Interval
<input type="radio"/> IV	<ul style="list-style-type: none"> - Insert peripheral IV - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i> 	Every Visit
<input type="radio"/> Central line (non-PICC)	<ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate Central line (non-PICC) maintenance protocol - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL for Line Care at discharge and de-access every visit</i> - heparin 100 units/mL 5 mL <i>5 mL for de-access PRN</i> - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i> 	Every Visit
<input type="radio"/> PICC line	<ul style="list-style-type: none"> - Access vascular device and confirm patency - Initiate PICC maintenance protocol - Nursing Communication <i>Change PICC line dressing weekly and PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care prior to medication administration PRN</i> - sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care post medication administration PRN</i> - sodium chloride (NS) flush 20 mL <i>20 mL As Needed for Line Care post lab draw PRN</i> - alteplase (CATHFLO) injection 2 mg <i>Other, Starting when released, For 2 dose, PRN, For clearing central line catheter. Add 2.2 mL sterile water for injection to vial; let the vial stand undisturbed to allow large bubbles to dissipate. Mix gently swirling until completely dissolved (complete dissolution should occur within 3 minutes); do not shake. Final concentration: 1 mg/mL. Retain in catheter for 30 minutes to 2 hours, instill a 2nd dose if occluded</i> 	Every Visit

PRN Medications		Interval
<input type="radio"/> sodium chloride (NS) flush 10 mL <i>10 mL As Needed for Line Care</i>	PRN	Route: IV
<input type="radio"/> sodium chloride 0.9 % bolus 500 mL <i>500 mL Once for Line Care, Starting when released, For 1 dose, Run at TKO (25ml/hr)</i>	PRN	Route: IV

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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IMMUNE GLOBULIN (IVIG) INFUSION PLAN

Emergency Medications		Interval
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25-50 mg	PRN	Route: IV <i>25-50 mg Once As Needed IV, For mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis). Administer 50 mg IV if patient has NOT had diphenhydramine within 2 hours of reaction. Administer 25 mg IV if patient has had diphenhydramine within 2 hours of reaction, if reaction doesn't resolve in 3 minutes may repeat 25 mg IV dose for a total of 50 mg, and contact provider.</i>
<input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff	PRN	Route: Inhalation <i>2 puff Once As Needed Inhalation, Wheezing, Shortness of Breath, wheezing, shortness of breath associated with infusion reaction and notify provider. Administer with a spacer if available.</i>
<input checked="" type="checkbox"/> methylPREDNISolone sodium succinate (Solu-MEDROL) Injection 125 mg	PRN	Route: IV <i>125 mg Once As Needed IV, For shortness of breath for continued symptoms of mild to moderate drug reactions (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort, blood pressure changes (>/= 20 points in SBP), nausea, urticaria, chills, pruritis) that worsen or persist 5 minutes after administration of diphenhydramine (Benadryl), and contact provider.</i>
<input checked="" type="checkbox"/> EPINEPHrine (ADRENALIN) injection for Allergic Reaction 0.5 mg	PRN	Route: Intramuscular <i>0.5 mg Once As Needed Intramuscular, For severe drug reaction (flushing, dizziness, headache, diaphoresis, fever, palpitations, chest discomfort plus blood pressure changes (>/= 40 points in SBP), shortness of breath with wheezing and O2Sat <90%), and contact provider.</i>

Provider Signature

Date

Time

Provider's Printed Name:

Place Patient Label Here

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