



- RUH SCH SPH
- OTHER: _____

Intravenous Immune Globulin (IVIG) Infusion Order Set - ADULT	ACTION			
	MAR	ICP	REQ	RN
Infusion Location				
<input type="checkbox"/> Inpatient Care Area _____ <input type="checkbox"/> Outpatient Care Area: _____				
Clinical Information				
<input checked="" type="checkbox"/> Indication for IVIG: _____ <input checked="" type="checkbox"/> Physician recommending IVIG: _____ Specialty: _____ <input checked="" type="checkbox"/> History of previous IVIG Adverse Reaction: <input type="checkbox"/> No <input type="checkbox"/> Yes (describe below) _____				
Lab Investigations Pre-Infusion (if applicable and as ordered by physician)				
<input checked="" type="checkbox"/> ABO Group/Rh Type – <i>prior to first infusion only</i> (complete Transfusion Medicine Test Request Form) <input type="checkbox"/> CBC: frequency _____ <input type="checkbox"/> Creatinine: frequency _____ <input type="checkbox"/> Immunoglobulins (IgA, IgM, IgG): frequency _____ <input type="checkbox"/> Additional Labs (see attached orders OR completed laboratory requisition)				
IV Therapy				
IV Fluid: <input checked="" type="checkbox"/> D5W at TKVO (30 mL/h)				
Pre-Medication (if applicable, due to history of documented adverse reaction)				
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____				
Medications				
<input type="checkbox"/> acetaminophen 325-650 mg PO x 1 PRN for febrile reaction <input type="checkbox"/> dimenhydrinate 25-50 mg PO or IV x 1 PRN for nausea <input type="checkbox"/> ondansetron 4 mg PO or IV x 1 PRN for nausea <input type="checkbox"/> diphenhydramine 25-50 mg PO or IV x 1 PRN for itch or rash. If severe symptoms, call ordering MD <input type="checkbox"/> _____				
IVIG Dose (Adjusted body weight calculator: pbco.ca/IVIG Dosing Calculator.htm)				
<input checked="" type="checkbox"/> Actual Weight (kg) _____ <input checked="" type="checkbox"/> Height (cm) _____ <input checked="" type="checkbox"/> Calculated Dosing Weight (kg) _____ NOTE: The calculator should be used for clinically obese patients, valid for weight 20-200 kg AND height 153-241 cm. <input type="checkbox"/> If actual body weight dose ordered, indicate reason (required) _____ <input type="checkbox"/> Specific IVIG Brand _____ Reason (required): _____ <input type="checkbox"/> IVIG dose/kg: _____ g/kg <input type="checkbox"/> Total IVIG dose ordered: _____ g (round up to nearest 5 g)				
IVIG Administration				
<input type="checkbox"/> IVIG _____ g IV x 1 dose OR <input type="checkbox"/> IVIG _____ g IV daily x _____ days. Repeat every _____ weeks x _____ <input type="checkbox"/> Maximum rate not to exceed 4 mL/kg/h due to risk of acute renal dysfunction (eg. pre-existing renal dysfunction, age over 65, sepsis, hypovolemia, paraproteinemia, concurrent nephrotoxic medications) NOTE: This order expires 6 months from the date of completion. Complete Plasma Protein Product Request Form (#103221) and fax to TML each time IVIG is requested.				

PRACTITIONER PRINTED NAME	PRACTITIONER SIGNATURE	DATE/TIME
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ADULT 10% IVIG INFUSION RATE TABLE

Applies to all 10% IVIG solutions



The following table represents **maximum infusion rates** at specific intervals and **should not be exceeded**.

Infusion Rate				
Rate calculation check: infusion rate (mL/kg/h) x Patient Dosing Weight (kg) x 1 h = infusion rate (mL/h)				
Patient Dosing Weight* (kg)	Initial Rate: 0.5 mL/kg/h	Then: 1 mL/kg/h	Then: 2 mL/kg/h	Then: 4 mL/kg/h <i>Note: maximum rate for first time IVIG infusion</i>
*See order set				
	Start at (mL/h)	30 min after start (mL/h)	60 min after start (mL/h)	90 min after start (mL/h)
15	7.5	15	30	60
20	10	20	40	80
25	12.5	25	50	100
30	15	30	60	120
35	17.5	35	70	140
40	20	40	80	160
45	22.5	45	90	180
50	25	50	100	200
55	27.5	55	110	220
60	30	60	120	240
65	32.5	65	130	260
70	35	70	140	280
75	37.5	75	150	300
80	40	80	160	320
85	42.5	85	170	340
90	45	90	180	360
95	47.5	95	190	380
100	50	100	200	400
105	52.5	105	210	400
110	55	110	220	400
115	57.5	115	230	400
120	60	120	240	400

Caution:

- For patients below, at, or near their ideal body weight, the “dosing weight” is the patient’s actual weight. For obese patients (i.e. actual weight more than 20% above ideal weight or BMI over 30 kg/m²), the dosing weight is a calculated weight that is the mathematical average of the actual and the ideal body weight. See http://pbco.ca/IVIG_Dosing_Calculator.htm
- Patients with a history of hypertension, cardiovascular disease, previous thrombotic events or dehydration are at increased risk of thrombus formation.
- Patients predisposed to acute renal failure or over 65 years of age should have IVIG products administered at a slower rate. Recommended maximum 4mL/kg/h.
- Infusion rates may be ordered at a reduced rate at the discretion of the ordering physician.
- Slower rates may diminish the frequency or severity of rate-related symptoms/signs such as headache, shivering, HR and BP changes.
- Patients should be clinically reassessed with each rate change according to protocol.
- **This table represents a guideline only. Higher rates for stable patients may be considered following product monograph.**