



- RUH SCH SPH
- OTHER: _____



Pediatric Intravenous Immune Globulin (IVIG) Infusion Order Set

ACTION

MAR	ICP	REQ	RN
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Clinical Data

Actual Weight (kg) _____ Height (cm) _____

Infusion Location

Inpatient Care Area _____ Outpatient Care Area: _____

Clinical Information

- Indication for IVIG: _____
- Physician recommending IVIG: _____ Specialty: _____
- History of previous IVIG Adverse Reaction: No Yes (describe below)

Lab Investigations Pre-Infusion (if applicable and as ordered by physician)

- ABO Group/Rh Type – *prior to first infusion only* (complete Transfusion Medicine Test Request Form)
- CBC Creatinine Immunoglobulins (IgA, IgM, IgG)
- Additional Labs: _____
- Additional Labs: _____

IV Therapy

- IV Fluid:** D5W at TKVO
- lidocaine 4 % topical cream apply topically 20-30 minutes prior to IV insertion

Pre – Medication (if applicable, due to history of documented adverse reaction)

- _____ _____
- _____ _____

Medications

- acetaminophen _____ mg PO x 1 PRN for febrile reaction (10-15 mg/kg/dose; maximum 650 mg/dose)
- ondansetron _____ mg IV x 1 PRN for nausea (0.1 mg/kg/dose; maximum 4 mg/dose)
- diphenhydramine _____ mg PO or IV x 1 PRN for itch or rash **and call ordering MD**
(0.5-1 mg/kg/dose; maximum 50 mg/dose)
- _____

IVIG Dose

- IVIG dose per kg: _____ g/kg Total IVIG Dose Ordered _____ g (round up to nearest 5 g)
- NOTE:** If the patient is at least 153 cm tall and clinically obese, consider a calculated Adjusted Body Weight IVIG dose
- Specific IVIG Brand _____ Reason (required): _____
- IVIG _____ g IV as a single dose, per protocol
- IVIG _____ g IV per day X _____ days, per protocol. Repeat every _____ weeks X _____

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



PEDIATRIC 10% IVIG INFUSION RATE TABLE:

Applies to all 10% IVIG solutions. Select the “blood IVIG 10 % Pilot” line in the Smart Pump Drug Library.

- Slower rates reduce the frequency and severity of common side effects associated with IVIG infusion such as rigors, fever, headaches, nausea, changes in blood pressure or HR. **Consider rate reduction as the first step towards management of these symptoms.** Infusion may be ordered at a reduced rate at the discretion of the Most Responsible Healthcare Practitioner (MRHP).
- Patients with a history of previous thrombotic events or dehydration are at increased risk of thrombus formation especially with large doses and rapid infusion rates.
- Patients should be clinically reassessed with each rate change, according to protocol
- **Please call the on call Transfusion Medicine Physician (TMP) if questions arise about dosage, side effects and other concerns as needed.**
- If the patient is at least 153 cm tall and clinically obese, physicians should consider calculating the dose of IVG on the basis of an adjusted *dosing weight*, which is the mathematical average of the actual and the ideal body weight.
See <http://pbco.ca/IVIGdosingcalculator.htm>

The following table is a guideline. Maximum infusion rates at specific intervals should not be exceeded.

Patient Weight (Kg)	Infusion rate			
	Initial Rate: 0.5 mL/kg/h	Then: 1 mL/kg/h	Then: 2 mL/kg/h	Then: 4 mL/kg/h
	Start at mL/h	30 mins after start (mL/h)	60 mins after start (mL/h)	90 mins after start (mL/h)
2.5	1.25	2.5	5	10
5	2.5	5	10	20
7.5	3.75	7.5	15	30
10	5	10	20	40
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

Smart Pump line:
‘blood IVIG 10% Pilot’
Select DOSE 1 for any first-time IVIG infusion;
Select DOSE 2+ for subsequent IVIG infusions (higher upper infusion rate allowance).