



- 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



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

Patient Weight (Kg)	Infusion rate:			
	Rate calculation check: Infusion rate (mL/kg/h) x Patient Dosing Weight (kg) x 1 h = infusion rate (mL/h)			
	Initial Rate: 0.5 mL/kg/h	Then: 1 mL/kg/h	Then: 2 mL/kg/h	Then: 4 mL/kg/h <small>Note: max rate for first time infusion and most patients</small>
	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

**Caution: This table represents a guideline only.**

- Patients with a history of hypertension, cardiovascular disease, previous thrombotic events or dehydration are at increased risk of thrombus formation.
- Infusion may be ordered at a reduced rate at the discretion of the Most Responsible Healthcare Practitioner (MRHP).
- Slower rates may diminish the frequency or severity of rate related symptoms such as headache, shivering, HR and BP changes.
- Patients should be clinically reassessed with each rate change, according to protocol.
- 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>