

## Intravenous Immunoglobulin (IVIG) Infusion Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ☐ Male ☐ Female

Diagnosis (please provide ICD10 code) \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ NKDA Allergies: \_\_\_\_\_

☐ New Start Therapy ☐ Continuation of Therapy Date of last dose (if applicable): \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PRE-MEDICATION

- ☐ Acetaminophen 1000mg PO ☐ Solu-Medrol 125mg IVP  
☐ Diphenhydramine 25mg PO ☐ Solu-Cortef 100mg IVP  
☐ Ceterizine 10mg PO ☐ Diphenhydramine 25mg IVP

### REQUIRED

- ☒ Clinical/Progress Notes, Labs, Tests supporting primary diagnosis (please attach)

### IVIG ORDERS

#### DOSING:

☐ Loading dose: \_\_\_\_\_ G/kg **OR** \_\_\_\_\_ G **OVER** \_\_\_\_\_ days

☐ Maintenance: \_\_\_\_\_ G/kg **OR** \_\_\_\_\_ G **OVER** \_\_\_\_\_ days

Other: \_\_\_\_\_

#### FREQUENCY:

Every \_\_\_\_\_ weeks for 1 year

**OTHER** \_\_\_\_\_

#### Noble Infusion Standing Orders:

- ☒ Provide treatment under Noble Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

### IVIG PRODUCTS

Gamunex-C    Gammaguard  
Bivigam    Privigen  
Asceniv    Octagam    Panzyga

*\* Based on product availability, product recommendations may be provided.*

### OTHER:

- ☐ Teach and Train for **Subcutaneous Immunoglobulin (SCIG)** self administration at home with:  
☐ Cutaquig  
☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

*If chosen IVIG therapy is unavailable or unauthorized, Noble Infusion will reach out to the referring prescriber to discuss alternative treatment options.*