

**Froedtert Health Home Infusion  
IV Immune Globulin Order Form**  
Phone: 262-532-5124 | Fax: 262-532-5114



**Froedtert Pharmacy**

Patient Information		Physician Information	
Patient Name:	Date of Birth:	Name:	
MRN #:	DEA #:		NPI:
I certify the following information is up to date in patient's chart: demographics, medication list, allergies		Telephone:	

**Clinical Information**

**ICD-10 immunology:**  D80.0 Congenital  Hypogam D83.9 CVID (unspecified)  D81.9 SCID (unspecified)

**ICD-10 neurology:**  G61.81 CIDP  G61.82 MMN  G35 MS (rel remit)  G61.0 GBS  G70.01 MG

**ICD-10 rheumatology:**  M33.20 Polymyositis  M33.90 Dermatomyositis

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

Other drugs used to treat the disease: \_\_\_\_\_

Has the Patient Received IVIG Previously?  Yes  No Product: \_\_\_\_\_

Ht: \_\_\_\_\_ cm/in Wt: \_\_\_\_\_ kg/lbs Date: \_\_\_\_\_

Attach patient demographics, insurance information, and medication list.

Attach Clinical Documentation

Primary Immune Deficiency– H&P, documented infection history/treatment, Pre-treatment and current IgG, IgA, IgM, and Ig subclass serum levels.

Neuromuscular Disorders – H&P (diagnosis of disorder must be unequivocal), documentation that other causes of demyelinating neuropathy have been excluded. For Myasthenia Gravis – tensilon test results and 6 month trial of corticosteroids.

Rheumatology - H&P, creatine phosphokinase values, electromyography and/or muscle biopsy results

**Immune Globulin Prescription**

Preferred Product: \_\_\_\_\_ - Infuse IVIG \_\_\_\_\_ **grams** or \_\_\_\_\_ **grams per kg** intravenously every \_\_\_\_\_ weeks

Refill x \_\_\_\_\_ (length of time) *Dispense: Sizes & quantities sufficient; Round to nearest vial size as clinically appropriate*

Rate: titrate initial and maintenance infusions per manufacturer's product labeling. Infusion via pump

**Vascular access:**  Peripheral  Central  Port

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

**Premedication to be given 30 minute prior to infusion:**

Diphenhydramine 25mg by mouth (contraindicated in myasthenia gravis)  Acetaminophen 650mg by mouth

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

**Medications to be used as needed: (please strike through if not required)**

- Diphenhydramine 25mg by mouth every 4–6 hours as needed for mild infusion reactions, may increase to 50mg for moderate to severe; maximum of 4 doses per day (contraindicated in patients with myasthenia gravis)
- Acetaminophen 650mg by mouth every 4–6 hours as needed for fever, headache or chills; maximum of 4 doses per day

**Adverse reaction medications: (keep on hand at all times)**

- Epinephrine ampule/vial 1:1000 1mL 0.3mg IM/SQ x1 dose and may repeat x1 if necessary for severe anaphylactic reaction
- Diphenhydramine 50mg/1mL vial 25mg Slow IVP/IM for moderate infusion reaction. May repeat dose x1 prn if no improvement.

**Flushing orders:**

- 0.9% Normal Saline 3mL IV (peripheral line) or 10mL IV (central line) before and after infusion, or as needed for line patency
- Heparin 10 units per mL 5mL IV (central line) as needed for final flush

**Other Orders (i.e. Labs):**

*I certify that the use of the indicated treatment is medically necessary and I will be supervising the patient's treatment*

**Prescribers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician Name:	Office Contact:
Clinic/Specialty:	Phone:

**Note:** The medical information in this attachment has been released according to Wisconsin State Statutes 146.81-.83, 250, 252, 51.30 and Federal Law 42 CFR and 45 CFR. Confidentiality of this information is protected. The recipient of this information is prohibited from redisclosing the information to any other party under these statutes. The information in this facsimile message is intended only for the personal and confidential uses of the designated recipients named above. The information is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error and that any review, distribution, or copying of this information is strictly prohibited. If you have received this communication in error, please notify the sender immediately so that we can arrange for the retrieval of the original documents at no cost to you or your company.