



# Intravenous Immune Globulin (IVIG) Order Form

Fax order to: 517-364-8448

Complete and return to UMH- Sparrow Infusion Center. See next page for accepted indications and dosing. For alternate dosing or indications, literature supporting IVIG use is required and subject to approval by pharmacist.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight (actual) \_\_\_\_\_ kg Height \_\_\_\_\_ cm  
(Infusion Center Use Only) UMHSparrow MRN \_\_\_\_\_

### 1. Diagnosis

IVIG Treatment Indication: \_\_\_\_\_ ICD-10 diagnosis code: \_\_\_\_\_

Your patient will be scheduled upon confirmation of insurance coverage. This may take up to 72 hours.

### 2. Pre-Medications

- Acetaminophen (Tylenol®) \_\_\_\_\_ mg orally x 1 dose
- Loratadine (Claritin®) 10 mg orally x 1 dose
- Other: \_\_\_\_\_
- Diphenhydramine (Benadryl®) \_\_\_\_\_ mg orally x 1 dose
- Diphenhydramine (Benadryl®) \_\_\_\_\_ mg IV x 1 dose

### 3. IVIG Product Selection

- Gammagard® 10%** - Formulary product
- Gammagard® S/D Powder 10%** - Patient must be previously stabilized on this product or have contraindication to formulary product.

### 4. Dose/Frequency

- IVIG \_\_\_\_\_ grams/kg (usual dose range: 0.4-2 g/kg)
- One time only
- Daily for \_\_\_\_\_ days
- Every \_\_\_\_\_ weeks for  one year  \_\_\_\_\_ doses

For patients ≥18 years, IVIG dose will be determined based on Ideal BW, Actual BW if below Ideal BW. For patients < 18 years, IVIG dose will be determined based on (1) Actual BW for patients < 60 kg; (2) Ideal BW for patients ≥60 kg. All doses >20 g will be rounded to the nearest 10g

### 5. ANSWER REQUIRED: Patient may receive IVIG at \*Accelerated Rate after patient's first IVIG infusion. YES \_\_\_\_\_ NO \_\_\_\_\_

#### \*Accelerated Rate Policy

- a. Use ideal Body weight to determine rate
- b. Start at rate of 0.5 ml/kg/hr.
- c. After 30 min increase to 1 ml/kg/hr.
- d. After 30 min increase to 2 ml/kg/hr.
- e. After 30 min increase to 4 ml/kg/hr.
- f. After 30 min increase to 5 ml/kg/hr. for remaining volume

### 6. Labs

- IVIG trough level prior to infusion on \_\_\_\_\_
- Other: \_\_\_\_\_

### 7. Nursing orders

- Use central venous access device.
- Start peripheral venous access. Discontinue peripheral access after infusion is complete.
- Heparin for central venous access device flush:
  - IP 500 units/ml
  - PICC/tunneled catheter 250 units/ml
  - Peripheral 100 units/ml
- Initiate Anaphylaxis Protocol if needed.
- Discharge home when vital signs stable.

Physician Signature

X

Date

Time

Physician Printed Name

Office Contact

Office Phone

### Pharmacy Use Only:

1. Circle weight to use:  
Ideal BW \_\_\_\_\_ kg Actual BW \_\_\_\_\_ kg
2. Dosage calculation: \_\_\_\_\_ grams/kg x \_\_\_\_\_ kg = \_\_\_\_\_ grams
3. Round to nearest 10 grams (if >20 grams) = \_\_\_\_\_ grams

- IVIG use NOT approved
- Patient approved for IVIG use: \_\_\_\_\_  
Order expires \_\_\_\_\_ (Product, dose, and frequency)

Rph Signature \_\_\_\_\_ Date: \_\_\_\_\_

UMH-Sparrow IVIG Orders – Infusion Center

PH-2000.10 (rev. AS 07/24)

**Copied from: Sparrow Health System IVIG Medication Use Policy (updated 5/2023)**

**Table 1. Accepted Indications and Dosing (FDA Approved)**

Indication	Dosing
Replacement therapy in primary immune deficiency syndrome	0.4 g/kg every 3 to 4 weeks with dose adjustments to maintain trough IgG level of 500 mg/dL and/or reduction in the incidence of infection
Immune Thrombocytopenic Purpura (ITP)- <i>Adult</i>  <u>Criteria for use of IVIG</u> Platelet count less than 30,000 AND severe bleeding Platelet count less than 10,000 with no minimal bleeding Platelet count less than 50,000 and pending surgery	Acute ITP: 1 g/kg once. Dose may be repeated in 48 hours if no response. In the situation of life-threatening bleeding, the second dose may be repeated at 24 hours.  Chronic ITP: 0.4 g/kg every 3 to 4 weeks
Immune Thrombocytopenic Purpura (ITP)- <i>Pediatrics</i>  <u>Criteria for use of IVIG</u> Platelet count less than 20,000 AND significant bleeding Platelet count less than 10,000 with no or minimal bleeding	Acute ITP: 0.8-1 g/kg once Chronic ITP: 0.4 g/kg every 3 to 4 weeks
Prophylaxis of infection and treatment of hypo-gammaglobulinemia in B-Cell CLL	0.4 g/kg every 3 to 4 weeks
Kawasaki Disease	2 g/kg once
CIDP	Loading dose: 2 g/kg over 2 to 5 days Maintenance: 1 g/kg over 1 to 2 days every 3 weeks
Multifocal motor neuropathy	2 g/kg over 5 days

**Table 2. Other Accepted Indications and Dosing (Non-FDA Approved)**

Indication	Dosing
Anemia, hemolytic neonatal	0.5-1 g/kg once. Dose may be repeated in 12 hours.
Dermatomyositis	2 g/kg over 2 days every 4 weeks for 3 doses in severe active illness for whom other interventions have been unsuccessful or intolerable
Guillain-Barre or Acute inflammatory demyelinating polyneuropathy (AIDP)	2 g/kg over 5 days
Paraneoplastic opsoclonus-myoclonus-ataxia associated with neuroblastoma	2 g/kg over 1 to 2 days
Severe pseudomembranous colitis	0.4 g/kg for 1 or 2 doses
Stiff-person (Moersch-Woltmann) syndrome	2 g/kg over 2-5 days every month
Systemic lupus erythematosus	2 g/kg over 2 to 5 days every month in severe active illness for whom other interventions have been unsuccessful or intolerable
Thrombocytopenia, fetal-neonatal alloimmune/autoimmune	1 g/kg every week (use actual body weight of mother) from week 20 of pregnancy until delivery
Streptococcal bacteremia, toxic shock syndrome	1 g/kg on day 1, 0.5 g/kg on days 2 and 3
Transplantation, acute humoral rejection, renal	Used in combination with plasmapheresis and rituximab. Daily plasmapheresis followed by 0.1 g/kg for 4 doses then IVIG 2 g/kg every 3 weeks for 4 doses
Transplantation, solid organ, CMV infection/prevention	0.4 g/kg every 3 weeks
Secondary hypogammaglobulinemia  (Multiple myeloma, other lympho-proliferative disorders, HIV-infected children, etc. to prevent serious infections)  Documentation of low IgG levels required	0.4 g/kg every 3 to 4 weeks with dose adjustments to maintain trough IgG level of 500 mg/dL and/or reduction in the incidence of infection
Myasthenia gravis	Loading dose: 2 g/kg over 2 to 5 days, Maintenance: 0.4 g/kg every 3-6 weeks  Note: When IVIG supply is sufficient to meet the health-system's demand, maintenance doses can be increased to 1 g/kg every 3-4 weeks. When IVIG supply is insufficient to meet the health-system's demand maintenance doses will be limited to 0.4 g/kg every 3-4 weeks.
Multisystem Inflammatory Syndrome in children (MIS-C) associated with SARS-CoV-2	1-2 gm/kg once. Dose may be repeated in 24-36 hours.

