



Print Patient Name (Required)

DOB

Height (cm):
Weight (kg):
BSA (m2):
Allergies:

Place Patient Barcode Here

Gammagard Liquid (IVIG) Infusion

Admit to: Diagnosis: Infusion Date:

- Port Broviac PICC Place Peripheral IV Topical anesthetic per protocol
Normal Saline/Heparin Flush per protocol

Premedications

- Acetaminophen Methylprednisolone
Diphenhydramine Other:

Gammagard liquid (IVIG) grams IV once

- All infusions in patients < 8 years old...
All patients >= 8 years old after two infusions...
Follow above ordered titrations...
Titration orders if different than above:

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital Signs at the beginning, Q15 minutes for 1 hour...
Obtain the following labs with IV or central line access...
Call lab results prior to starting infusion
Discharge once infusion completed

PRN medications:

- Ibuprofen (10 mg/kg)
Acetaminophen (15 mg/kg)
Ondansetron (0.15 mg/kg)

Medications for allergic reaction (hives/itching/flushing, etc):

If allergic reaction occurs, call ordering provider immediately and give all medications ordered below. Do not delay administering medications on provider response.

- Diphenhydramine (1mg/kg)
Famotidine (0.5 mg/kg)
Methylprednisolone (2 mg/kg)

For Anaphylaxis (Call a Code Blue):

- < 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg)
10 to < 25 kg: Epinephrine 0.15 mg auto-injector
>= 25 kg: Epinephrine 0.3 mg auto-injector

Orders good until this date: Infusion Frequency:
Provider's Signature: Date: Time:

