



Print Patient Name (Required)

DOB

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

Place Patient Barcode Here

Gamunex-C (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 = mg PO (max dose 1000 mg) Methylprednisolone = mg IV
Diphenhydramine = mg IV or PO (max dose 50 mg) Ondansetron = mg IV or PO

Gamunex-C (IVIG) grams IV once
All infusions in patients < 8 years old, and all patients receiving first or second infusion: 10ml/hr X 15 min, 20ml/hr X 15 min, 40ml/hr X15 min, 80ml/hr X 15 min, 120ml/hr until completed
All patients >= 8 years old after two infusions without problems: 20ml/hr X 15 min, 40ml/hr X 15 min, 80ml/hr X 15 min, 160ml/hr until completed
Follow above ordered titrations but continue advancing until ml/hr is reached
Titration orders if different than above:

Nursing Orders
Weigh patient prior to infusion.
Monitor Vital Signs at the beginning, Q15 minutes for 1 hour and then hourly, and at the end of the infusion.
Obtain the following labs with IV or central line access prior to the start of infusion:
CBC CMP BMP ALT AST UA IGG IGG/IGA/IGM Other:
Call lab results prior to starting infusion \*\*Fax all lab results to ordering provider\*\*
Discharge once infusion completed Discharge 30 minutes post infusion

PRN medications:
Ibuprofen (10 mg/kg) = mg (Max 800 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving)
Acetaminophen (15 mg/kg) = mg (max 650 mg) PO once prn mild pain/temp > 100.4 (call for fever prior to giving, must wait at least 4 hrs from any prior dose)
Ondansetron (0.15 mg/kg) = mg (max 8 mg) IV once prn nausea

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. If ordering provider does not respond in 15 minutes call a Code Blue.
Diphenhydramine (1mg/kg) = mg (Max 50 mg) IV or PO once (must wait at least 4 hrs from any prior dose)
Famotidine (0.5 mg/kg) = mg (max 20 mg) IV once
Methylprednisolone (2 mg/kg) = mg (max 60 mg) IV once (must wait 6 hours from any prior steroid dose)

For Anaphylaxis (Call a Code Blue):
< 10 kg: Epinephrine 1 mg/mL (0.01 mg/kg) = mg IM once
10 to < 25 kg: Epinephrine 0.15 mg auto-injector (EpiPen Jr.) IM once
>= 25 kg: Epinephrine 0.3 mg auto-injector (EpiPen) IM once

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