NuFACTOR Specialty Pharmacy

Immune Globulin Orders
(Immune Deficiency)

Fax all pages of this referral to our secure fax at (855) 270-7347.

Patient Information

Date:	Requested Start of Care Date:	State of pt's residence:
Patient name:		Date of birth:
Height:	Weight: lb / kg	IV Access: Peripheral Port Central Indwelling
Primary Diagnosis:		ICD-10:
Secondary Diagnosis:		ICD-10:
Allergies:		

Immune Globulin Orders (round dose to nearest 5 gm vial or per payer requirement; nearest vial size if weight ≤40 lbs)

IVIG ____ **gm** once **daily** for ____ days **OR** IVIG ____ **gm / kg** once **daily** for ____ days

Pharmacy to select brand and/or concentration unless ordered to dispense brand as written: ___________________________

- Repeat course every ____ weeks months for a total of _____ courses (+/- ____ days for scheduling flexibility)
- Multiple day courses to be infused on *consecutive* days unless checked:
  consecutive or non-consecutive days non-consecutive days only If ordered consecutively, may omit weekends
- Titrate per manufacturer guidelines as tolerated unless ordered otherwise:

- Refill _____ months (Unless noted, prescriptions valid 1 year from date signed.)
- Dispense size(s) and quantity sufficient

Premedication Orders / Other Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	Dose	Route / Frequency	Decline
Adult & Pediatric ≥12 years (if not at least 95 lb., follow <12 years dosing)	Acetaminophen	325 mg tab or 160 mg/5 ml oral 120 ml	325 - 650 mg	Orally pre-Ig prn. May repeat q 4 - 6 hr prn. Max 3 gm/day.	Decline ☐
Pediatric 0 - 11 years		160 mg/5 ml oral 120 ml	10 mg/kg (round to nearest 1/4 tsp)	Orally pre-Ig prn. May repeat q 4 - 6 hr prn. Max 50 mg/kg/day.	
Adult	Diphenhydramine	25 mg tab or 12.5 mg/5 ml oral 120 ml	25 - 50 mg	Orally pre-Ig prn. May repeat q 4 - 6 hr prn.	Decline ☐
Pediatric ≥ 12 years			25 mg		
Pediatric 6 - 11 years		12.5 mg/5 ml oral 120 ml	12.5 - 25 mg		
Pediatric 2 - 5 years		12.5 mg/5 ml oral 120 ml	6.25 mg		
Adult & Pediatric ≥6 years	Loratadine (if excessive drowsiness from diphenhydramine)	10 mg tab or 5 mg/5 ml oral 120 ml	10 mg	Orally pre-Ig prn. No repeat.	Decline ☐
Pediatric 2 – 5 years		5 mg/5 ml oral 120 ml	5 mg		

OTHER

Anaphylaxis Orders

Patient Type	Drug	Description / Dispense Quantity Sufficient	*Reaction Severity	Dose	Route/Frequency
Adult	Diphenhydramine	25 mg tab #24 or 12.5 mg/5 ml oral 120 ml	Mild or Severe	50 mg	Orally every 6 hr.
Pediatric		12.5 mg/5 ml oral 120 ml		1.25 mg/kg (max 50 mg)	

Anaphylaxis Orders continued on following page

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Patient Name:	State of pt's residence:

Anaphylaxis Orders (continued)

Adult & Pediatric >66 lbs	Epinephrine	0.3 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2	Severe	0.3 mg	IM (auto-injector) or SubQ (vial/amp) x 1 dose. May repeat in 5 – 15 minutes as needed.
Pediatric 33 - 66 lbs		0.15 mg Auto-Injector #2 or 1 mg/ml 1 ml vial/amp #2		0.15 mg	
Pediatric <33 lbs		1 mg/ml 1 ml vial/amp #2		0.01 mg/kg	SC x 1 dose. May repeat in 5 – 15 minutes as needed.
Adult and Pediatric	Sodium chloride 0.9%	250 ml IV Bag #1	Severe	250 ml	Stop causative drug, then administer IV at KVO rate.

*Mild allergic reactions include itching, hives, rash, nausea and/or vomiting
*Severe anaphylaxis reactions include angioedema, wheezing, difficulty breathing, swelling of eyelids or lips

Other Orders:

IV Access Maintenance (Dispense quantity sufficient)

Venous Access	Patient Type	NS 10 ml syringe pre/post use	NS 10 ml syringe post blood draw	Heparin 5 ml syringe post last NS	Lidocaine/prilocaine 2.5%/2.5% cream
Peripheral	Adult/Pedi > 15 kg	1 - 3 ml	n/a	10 units/ml: 1 - 3 ml[2]	Apply topically 60 minutes prior to needle insertion prn discomfort.
	Pedi ≤ 15 kg	1 - 3 ml	n/a	10 units/ml: 1 ml[2]	
Midline, Central (non-port), PICC[1]	Adult/Pedi > 15 kg	3 - 5 ml	5 - 10 ml	10 units/ml: 3 - 5 ml[2]	
	Pedi ≤ 15 kg	3 ml	3 ml	10 units/ml: 3 ml[2]	
Implanted Port[1]	Adult/Pedi > 15 kg	5 - 10 ml	10 - 20 ml	100 units/ml: 5 ml[3]	
	Pedi ≤ 15 kg	3 - 5 ml	5 ml	10 units/ml: 5 ml[3]	
Groshong PICC/Midline[1]	Adult/Pedi > 15 kg	5 - 10 ml[4]	10 - 20 ml	None	
	Pedi ≤ 15 kg	3 - 5 ml[4]	3 - 5 ml	None	

[1]Follow manufacturer-specific recommendations if different.

Maintenance flush when not in use: [2]daily, [3]daily if accessed; monthly if de-accessed, [4]daily to weekly

Ancillary Supplies and DME Orders (Dispense quantity sufficient)

Ancillary supplies, including a disposable IV pole, for the infusion of IVIG via peripheral IV, port, or indwelling central catheter via gravity or by ambulatory infusion pump. For Medicare B: services, supplies & accessories used in the home, per infusion (Q2052).

Nursing Orders

Nurse to obtain IV access via placement of peripheral IV or insertion of port needle when applicable. If IV access is not obtained after 3 attempts, nurse should contact NuFACTOR for assistance.

Nurse to administer IVIG per physician orders.

Nurse to monitor vital signs prior to infusion, after 15 minutes, with every rate change, then every hour after achieving the maximum tolerated rate until the infusion is complete and at the end of the infusion. If vital signs fluctuate, monitor every 15 minutes until stable.

Nurse to monitor and teach patient to monitor for side effects of IVIG infusion (nausea, vomiting, rash, headache, fever, chills, flu-like symptoms, increases or decreases in blood pressure). Nurse to slow the rate of infusion if patient begins experiencing side effects. If side effects are not resolved with rate reduction, nurse to contact NuFACTOR for further instruction.

Nurse to monitor for signs/symptoms of IV access site infection (generalized fever and/or malaise, IV site swelling, redness, drainage, warmth or pain). Nurse to notify NuFACTOR for further instruction.

Nurse to remove peripheral IV catheter after completion of infusion. If peripheral IV, If peripheral IV, may leave in place up to 5 days as long as no erythema or edema. If port, may leave access device in place up to 7 days. If PICC, change dressing weekly. Nurse to monitor for signs/symptoms of

Lab Orders (cannot be drawn stat)

For new referral, test BUN/Scr with first course if none available within 6 months decline

Test BUN/Scr as per payer requirement or annually OR every 6 months every 3 months decline (unless required by payer)

Physician Information

Signature:	Name:
	NPI#:
	Phone:
Date:	Fax:

Fax all pages of this referral to our secure fax at (855) 270-7347.
For any questions, please contact NuFACTOR Specialty Pharmacy at (800) 323-6832.