nufactor
A SPECIALTY INFUSION COMPANY

For questions, call 1.800.323.6832

Intravenous Immune Globulin (IVIG) Orders

Fax all pages to (855) 270-7347

Patient Information

Order Date:	Requested Start of Care Date:		Date of Birth:
Patient name:	Height:	Weight: lb / kg	
Address:	City:	State:	Zip:
IV Access: ◯ Peripheral ◯ Port ◯ Other: _____			
Primary Diagnosis:		ICD-10:	
Secondary Diagnosis:		ICD-10:	
Allergies:			

IVIG Orders

LOADING DOSE (*if needed*):	MAINTENANCE DOSE:
_____ **gm** *OR* _____ **gm / kg**	_____ **gm** *OR* _____ **gm / kg**
DIRECTIONS:	DIRECTIONS:
	◯ once daily for ____ days ◯ other:
	Repeat course every ____ ◯ weeks ◯ months or _____ for a total of _____ courses (+/- ____ days for scheduling flexibility)

- Brand: _____ (pharmacy to select brand and/or concentration unless otherwise specified)
- 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
- Round dose to nearest 5 gm vial (nearest available vial size if weight ≤40 lbs.) or per payer requirement Decline ☐
- Pharmacist to adjust dose ordered in gm/kg if weight changes +/- 10% Decline ☐
- Titrate per Nufactor 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					

Lab Orders

BUN/Scr with first course if none available within 6 months. ☐ decline	BUN/Scr annually. ☐ decline

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Patient Name:

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)	
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 and ancillary medications per physician orders.
- Nurse to remove peripheral IV catheter after completion of infusion. 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 infection/infiltration.

Physician Information

Signature:

Date:

Name:

NPI#:

Address:

Phone: Fax:

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