IV League IVIG Order Form

Patient Information

Patient Name:	Date of Birth:	
Patient Address:	Phone Number:	
Allergies:	Emergency Contact Name & Phone Number:	
IV Access:	Height (inches):	Weight (lbs):
Diagnosis:	ICD-10:	
Date Medication is Needed: ☐ ASAP ☐ Other, please specify: _____	Has patient previously received IVIG? ☐ No ☐ Yes, specify brand & date: _____	
IV League Nursing Services Requested? ☐Yes ☐No, please specify home health: _____ Phone: _____		

Prescription Information

PREMEDICATION	☐ Acetaminophen 650 mg PO 30 minutes prior ☐ Diphenhydramine 30 minutes prior, please specify: ☐ 25mg ☐ 50mg ☐ IV Push ☐ PO ☐ None ☐Other: _____
SUPPORTIVE CARE	☐ Acetaminophen 650 mg PO q6h prn ☐ Diphenhydramine prn, please specify: ☐ 25mg ☐ 50mg ☐ IV Push ☐ PO ☐ Hydrocortisone 50 mg IV push prn
LABS	☐ CBC w/ diff ☐ CMP ☐CRP ☐ IgG every _____ weeks ☐ Other:_____
BRAND	☐ IVIG (Brand will be selected by pharmacy, unless specified) ☐ Specific brand (if medically necessary): _____
DOSE	_____ g/kg OR _____ grams (total dose), pharmacy will round to nearest vial size & use actual or adjusted body weight as clinically indicated
FREQUENCY	Administer IV daily for _____ days, repeat every _____ weeks
INFUSION RATE	☐ Pharmacy to determine per manufacturer's guidelines ☐ Infuse at 40ml/hr for 30 min, 80ml/hr for 30 min, 160ml/hr for 30 min, then 300ml/hr (if indicated)
DURATION	Continue for 1 year unless otherwise specified: _____
ADDITIONAL INSTRUCTIONS	

Pharmacy protocol includes the following standard orders: Adverse Reactions: Anaphylaxis kit to be used as needed for reaction per pharmacy protocol. IV Maintenance: Line maintenance and flushing will be provided per pharmacy protocol. Skilled nursing visit to establish venous access, administer medication and assess general status & response to therapy.

Prescriber Information

Prescriber Name:	Phone:	Fax:
Prescriber Address:		
NPI:	DEA:	License:
Prescriber Signature:		Date:

Please fax completed form, patient facesheet, insurance information, progress notes & recent IgG labs

IV League Inc, 6076 Bristol Parkway, Suite 104, Culver City, CA 90230

Phone: 310-645-1500 Fax: 310-645-6464 Email: csr@ivleagueinc.com