

**HyQvia Infusion Order** (Revised 4/3/21)

**Instructions to provider:** All orders with  will be placed unless otherwise noted. Please fax completed order, along with referral form.

**Required Lab Results:** IgA level prior to first infusion. CBC with differential, creatinine within 3 months prior to each infusion.

**Infusion Therapy:**

HyQvia \_\_\_\_\_ gm SC ICD 10 code: \_\_\_\_\_

**Frequency:** every \_\_\_\_\_ weeks

**Pre-Meds: Administer 30 minutes prior to HyQvia**

Acetaminophen \_\_\_\_\_ mg PO x 1

Benadryl \_\_\_\_\_ mg PO

Loratadine 10mg PO x 1

**Additional Orders:**

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**PRN Medications:**

- Acetaminophen 500mg PO q4 hours PRN pain
- Ibuprofen 800mg PO q8 hours PRN pain

**Special Instructions:**

- Follow Atrium Health Infusion Center protocol for hypersensitivity PRN.

**Infusion Monitoring:**

- Obtain vital signs pre- and post-infusion and every hour during infusion.
- Monitor for signs and symptoms of reaction for 30mins after infusion.

Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (order valid for 1 year)

Patient Name:

DOB:

MRN: