Atrium Health Infusion Centers **Phone:** 704-468-3400 **Fax:** 704-468-3401

Adult Octagam 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.

Physician Signature:

Date: _____ (order valid for 1 year)

Required Lab Results: RN to draw IgG lev	ver every 3 months, CMP every 6 months	
Infusion Therapy:		
☐ Octagamgm IV over titratabl		
(dosing weight based on chart ☐ Over day(s)	□ Frequency: everyweeks	
Pre-Meds: Administer 30 minutes prior to Octagam		
☐ Acetaminophenmg PO x 1	phenmg PO x 1	
☐ Benadrylmg PO ormg IV x1 (if applicable, only choose ONE)		
☐ SoluMedrolmg IV x 1		
☐ Loratadine 10mg PO x 1		
☐ Toradol mg IV x 1 (may be given pre- or post-infusion per patient preference)		
☐ Normal Saline 0.9% mL x 1 to run over mins or hour(s)		
Additional Orders:		
PRN Medications:		
 Acetaminophen 500mg PO q4 hours PRN pain Zofran 4mg IVP q4 hours PRN nausea/vomiting 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-infu Monitor for signs and symptoms of infusions PRN. 	reaction for 30mins after initial infusion and subsequent	
Patient Description Dosing Weight	Calculation Equation	
Less than IBW Actual Weight	Men: IBW (kg) = 50 + 2.3 X (height in inches over 60 inches) Women IBW (kg) = 45.5 + 2.3 X (height in inches over 60 inches)	
Patients < 30 % over IBW Ideal Body Weight	Men: IBW (kg) = 50 + 2.3 X (height in inches over 60 inches) Women IBW (kg) = 45.5 + 2.3 X (height in inches over 60 inches)	
Patients > 30% over IBW Adjusted Body Weight	Adjusted Body Weight (kg) = IBW + 0.4 X (Actual Body Weight – Ideal Body Weight)	
Physician Name:	Patient Name:	

DOB:

MRN:

Physician Name:	Patient Name:
Physician Signature:	DOB:
Date: (order valid for 1 year)	MRN: