|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient:**  **Gamunex-C 10%**  **(immune globulin injection [human])** | | | | | | **DOB:** | | | |
| \*\*check appropriate box\*\*  **\*\*All orders with ☒ will be placed unless otherwise noted\*\*** | | | | | | | | | |
| **Required lab results and/or tests prior to scheduling:**  IgG level every 3 months, CMP every 6 months | | | | | | | | | |
| **ICD 10/Primary Diagnosis:** | | | | | **ICD10/Secondary Diagnosis:** | | | | |
| **Height:** | **Weight:** | | | | **Allergies:** | | | | |
| **Infusion Therapy** | | | | | **Frequency** | | | | |
| Gamunex-C \_\_\_\_\_\_\_\_\_\_\_\_\_\_gm IV over titratable rate  ***(dosing weight based on chart below)*** | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total number of doses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Dosing Chart:** | | | | | | | | | |
| **Pre-Medication  NO PRE-MEDICATION REQUIRED** | | | | | | | | | |
| **Pre-medications administered 30 min prior to infusion** | | | | | | | | | |
| **Medication** | | | **Dose** | **Route** | **Medication** | | | **Dose** | **Route** |
| Benadryl | | |  | IVP | Solu-Medrol | | |  | IVP |
| Benadryl | | |  | PO | Tylenol | | |  | PO |
| Loratadine | | | 10mg | PO |  | | |  |  |
| Toradol  Given pre- or post- infusion per patient preference | | |  | IV |  | | |  |  |
| **PRN MEDS:**  Acetaminophen 500mg PO q4 hours PRN pain  Zofran 4mg IVP q4 hours PRN nausea/vomiting  Ibuprofen 800mg PO q8 hours PRN pain | | | | | **PRN EMERGENCY MEDS:**  Per Facility protocol  Provider requested Emergency Medication  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Labs** | | | | | | | | | |
| **Labs drawn prior to scheduling infusion (results provided) –**  **IgG level every 3 months, CMP every 6 months**  **Labs to be drawn treatment course by nurse:**   **NO LABS REQUIRED (provider will send results)** | | | | | | | | | |
| **LAB** | | **FREQUENCY** | | | **LAB** | | **FREQUENCY** | | |
| **IgG (required)** | | **Every 3 months** | | |  | |  | | |
| **CMP (required)** | | **Every 6 months** | | |  | |  | | |
| **Nursing Communication/Orders** | | | | | | | | | |
| **Infusion Monitoring:**   * Obtain vital signs pre- and post-infusion and every hour while infusing. * Monitor for signs and symptoms of reaction for 30mins after initial infusion and subsequent infusions PRN. | | | | | | | | | |