|  |  |
| --- | --- |
| **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 | [ ]   |  |  |
| [ ]  ToradolGiven 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:**[x]  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.
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