|  |  |
| --- | --- |
| **Patient:****RhoGAM® [Rho(D) Immune Globulin (Human)]** | **DOB:**  |
| \*\*check appropriate box\*\***\*\*All orders with ☒ will be placed unless otherwise noted\*\*** |
| **Required lab results and/or tests prior to scheduling:**Antibody Screen

|  |  |  |  |
| --- | --- | --- | --- |
| **Height:** | **Weight:** | **Allergies:** | **ICD 10/Primary Diagnosis:**  |

 |
|  **Gestational age:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D as of: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/20\_\_\_\_\_\_\_\_\_** |
| **Infusion Therapy**  |
| [ ]  RhoGAM (300 µg) (1500 IU) injection x 1 |
| **PRN EMERGENCY MEDS:**[x]  Per Facility protocol[ ]  Provider requested Emergency Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Labs** |
| [ ]  **Labs drawn prior to scheduling infusion (results provided)**  Antibody Screen |
| **Nursing Communication/Orders** |
| * **If OB patient needs Emergency Medication(s) while in Infusion, call the On-Call OB.**
* **Prior to Rhogam administration confirm:**
	+ Rh factor Negative
	+ Antibody screen identification #1 Negative
* Vital Signs PRN
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