INFUSACARE
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IVIG/Subcutaneous IG Order

Patient Name: DOB: □ Male □ Female

Diagnosis (please provide ICD10 code):

□ Other:

□ NKDA □ Allergies:

□ New Therapy Order □ Continuation of Therapy Date of last dose:

Ordering Provider Name:

Provider NPI: Phone: Fax:

Practice Address: City: State: Zip Code:

Pre-Medication:

□ Acetaminophen _____mg by □ PO
□ Cetirizine _____mg by □ PO
□ Diphenhydramine _____mg by □ PO/ □ IVP
□ Solu-Medrol _____mg by □ PO/ □ IVP
□ Solu-Cortef _____mg by □ PO/ □ IVP
□ Other:

Required Documentation:

□ Patient Demographics
□ Patient Insurance (med and pharm card copies, front and back)
□ Progress Notes/Labs supporting diagnosis
□ CBC, CMP
□ Other:

IVIG/Subcutaneous IG medications may be weight based:

Patient Height (cm): Patient Weight (kg): □ Use adjusted body weight for BMI > 30

IVIG Medication Order:

□ Asceniv (10%)
□ Octagam (10%)
□ Panzyga (10%)
□ Gammagard (10%)
□ Gammaked (10%)
□ Gammunex-C (10%)
□ *Infusion Center's Discretion*
□ Other: _____

OR

Subcutaneous IG Medication Order:

□ Xembify (20%)
□ Hizentra (20%)
□ Cuvitru (20%)
□ Cutaquig (16.5%)
□ HyQvia (10%)
□ *Infusion Center's Discretion*
□ Other: _____

Dosage and Frequency:

□ mg/kg x ___ day(s) OR divided over ___ day(s) ☐ every _____ weeks x1 year ☐ Other: _____
□ gm/kg
□ grams

Pharmacist to identify clinically appropriate IG brand and infusion rates. May substitute product based on product availability. Infuse entire contents of IG infusion bag/ vial(s) per current dose. May infuse +/- 4 days to allow for patient scheduling. May round dose to nearest whole 5 gm vial for IV doses and nearest single-use vial size for subcutaneous doses.

Additional Instructions/Notes:

Patient IV Access for IVIG

□ PIV
□ Use patient's SL/DL PICC, flush per protocol
□ Access/deaccess patient's Port, flush per protocol
*Imaging results of proper placement required for PICC/Port

Ordering Provider:

Signature: _____ Date: _____ Fax: _____

Provider: _____ Phone: _____

Best Contact Person in Office: _____ Phone: _____

Locations:
□ *Skokie, IL*: 4711 Golf Rd, Ste 900. P: 847-324-6800. F: 224-251-7141
□ *Libertyville, IL*: 1900 Hollister Dr, Ste 210. P: 847-324-6800. F: 224-251-7141
□ *Orland Park, IL*: 16612 107th Ct, Ste B. P: 847-324-6800. F: 224-251-7141
□ *Houston, TX*: 8303 SW Freeway, Ste 111. P: 346-738-9600. F: 346-613-8400