



**Physician Orders PEDIATRIC: LEB DTU Immune Globulin (Intravenous) IVIG Infusion Plan**

**Initiate Orders Phase**

**Care Sets/Protocols/PowerPlans**

- ☒ Initiate Powerplan Phase

Phase: *LEB Immune Globulin (Intravenous) IVIG Infusion Phase, When to Initiate:* \_\_\_\_\_

**LEB Immune Globulin (Intravenous) IVIG Phase**

**Admission/Transfer/Discharge**

- ☐ Patient Status Initial Outpatient

T;N Attending Physician: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Bed Type: \_\_\_\_\_ Specific Unit: DTU

Outpatient Status/Service: [ ] Ambulatory Surgery, [ ] OP Diagnostic Procedure

[ ] OP OBSERVATION Services

- ☒ Notify Physician-Once

Notify For: *of patient's arrival to unit.*

- ☒ Discharge Instructions

Followup Appointments: *Schedule next infusion in \_\_\_\_\_ week \_\_\_\_\_ months. (DEF)\**

Other Instructions: *For IVIG Infusion.*

**Vital Signs**

- ☒ Vital Signs

*Monitor and Record T,P,R,BP, q15 minutes until maximum rate reached then q1h until infusion completed.*

**Food/Nutrition**

- ☒ Regular Pediatric Diet

**Patient Care**

- ☒ Height

*Routine, upon arrival to unit*

- ☒ Weight

*upon arrival to unit*

- ☒ INT Insert/Site Care LEB

*Routine*

- ☒ INT Discontinue

*Discontinue after infusion is complete.*

**Medications**

R immune globulin 10% IV

- ☐ \_\_\_\_\_ mg/kg, *Ped Injectable, IV Piggyback, once, Routine (DEF)\**

*Comments: Infuse over 2 hours-3hours week#\_\_\_\_. Vital signs to be performed every 15 minutes until maximum rate reached then q1h until infusion completed. Special Instructions: ok for pharmacy to round to the nearest 5 grams/ whole vial*

- ☐ 500 mg, *Ped Injectable, IV Piggyback, once, Routine*





**Physician Orders PEDIATRIC: LEB DTU Immune Globulin (Intravenous) IVIG Infusion Plan**

*Comments: Infuse over 2 hours-3hours week#\_\_\_\_. Vital signs to be performed every 15 minutes until maximum rate reached then q1h until infusion completed. Special Instructions: ok for pharmacy to round to the nearest 5 grams/ whole vial*

- ☐ 1,000 mg, Ped Injectable, IV Piggyback, once, Routine  
*Comments: Infuse over 2 hours-3hours week#\_\_\_\_. Vital signs to be performed every 15 minutes until maximum rate reached then q1h until infusion completed. Special Instructions: ok for pharmacy to round to the nearest 5 grams/ whole vial*

- ☐ 2,000 mg, Ped Injectable, IV Piggyback, once, Routine  
*Comments: Infuse over 2 hours-3hours week#\_\_\_\_. Vital signs to be performed every 15 minutes until maximum rate reached then q1h until infusion completed. Special Instructions: ok for pharmacy to round to the nearest 5 grams/ whole vial*

☐ predniSONE

- ☐ 1 mg/kg, Tab, PO, N/A, Routine, To be administered prior to infusion of IVIG (DEF)\*  
☐ 30 mg, Tab, PO, N/A, Routine, To be administered prior to infusion of IVIG

☐ acetaminophen

- ☐ 325 mg, Tab, PO, once, Routine (DEF)\*  
*Comments: Comment: Give before infusion as premedication*  
☐ 500 mg, Tab, PO, once, Routine  
*Comments: Comment: Give before infusion as premedication*  
☐ 650 mg, Tab, PO, once, Routine  
*Comments: Comment: Give before infusion as premedication*  
☐ 10 mg/kg, Liq, PO, once, Routine, Max Dose: 650mg, prior to infusion  
*Comments: Give before infusion as premedication*  
☐ 15 mg/kg, Liq, PO, once, Routine, Max Dose: 650mg, prior to infusion  
*Comments: Give before infusion as premedication*

☐ acetaminophen

- ☐ 325 mg, Tab, PO, q6h, PRN Pain, Mild or Fever (DEF)\*  
☐ 500 mg, Tab, PO, q6h, PRN Pain, Mild or Fever  
☐ 600 mg, Tab, PO, q6h, PRN Pain, Mild or Fever  
☐ 10 mg/kg, Liq, PO, q6h, PRN Pain, Mild or Fever  
☐ 15 mg/kg, Liq, PO, q6h, PRN Pain, Mild or Fever

☐ diphenhydrAMINE

- ☐ 25 mg, Cap, PO, once, prior to infusion (DEF)\*  
*Comments: Give before infusion as premedication*  
☐ 50 mg, Cap, PO, once, prior to infusion  
*Comments: Give before infusion as premedication*  
☐ 1 mg/kg, Elixir, PO, once, prior to infusion Max Dose 50mg





**Physician Orders PEDIATRIC: LEB DTU Immune Globulin (Intravenous) IVIG Infusion Plan**

*Comments: Give before infusion as premedication*

- ☐ ondansetron
- ☐ 0.1 mg/kg, Injection, IV Push, once, Routine, Max Dose: 4mg (DEF)\*  
*Comments: for Nausea and Vomiting*
- ☐ 4 mg, Injection, IV, once, Routine  
*Comments: for Nausea and Vomiting*

**Laboratory**

- ☐ CBC  
*STAT, T;N, once, Type: Blood*
- ☐ CMP  
*STAT, T;N, once, Type: Blood*
- ☐ CPK  
*STAT, T;N, once, Type: Blood*
- ☐ Aldolase  
*STAT, T;N, once, Type: Blood*
- ☐ IgA  
*STAT, T;N, once, Type: Blood*
- ☐ IgG Level  
*STAT, T;N, once, Type: Blood*
- ☐ IgM  
*STAT, T;N, once, Type: Blood*

**Consults/Notifications/Referrals**

- ☒ Notify Resident-Continuing  
*Notify: Allergy Immunology Fellow on call, Notify For: with any questions or concerns*

Date	Time	Physician's Signature	MD Number
------	------	-----------------------	-----------

**\*Report Legend:**

DEF - This order sentence is the default for the selected order  
 GOAL - This component is a goal  
 IND - This component is an indicator  
 INT - This component is an intervention  
 IVS - This component is an IV Set  
 NOTE - This component is a note  
 Rx - This component is a prescription  
 SUB - This component is a sub phase, see separate sheet  
 R-Required order

