Methodist Le Bonheur Healthcare

Attach Patient Label

Outpatient IVIG Order Form Date: _____ Kg:_____
Physician's Orders – Page 1 of 1

Directions: All sections must be completed for order to be dispensed. The initial order must contain an H&P, and subsequent orders require progress notes with documentation of disease progression and recurrent infections. The order must be renewed every 30 days with new IgG levels.

Patient name: _____ DOB: _____

Indication for IVIG (check one)

☐ Acute Febrile Mucocutaneous Lymph Node Syndrome (MCLS)	☐ Graft versus host disease
☐ Autoimmune hemolytic anemia	☐ HIV
☐ Bullous Dermatosis – type: _____	☐ Hypogammaglobulinemia
☐ Chronic inflammatory demyelinating polyneuritis	☐ Myasthenia Gravis with or without exacerbation – type: _____
☐ Chronic lymphoid leukemia with or without remission	☐ Primary Thrombocytopenia – type: _____
☐ Combined immunity deficiency	☐ Transplant Complication – Bone Marrow and Stem Cell
☐ Cytomegaloviral disease	☐ Transplant Status – Kidney, Heart, Lung, Liver, Bone Marrow, Peripheral Stem Cell
☐ Dermatomyositis - polymyositis	☐ Von Willebrand's Disease/Other Hemorrhagic Disorder - type: _____

Recent laboratory values
Initial IgG Level: _____ Date: _____
Recent IgG Level: _____ Date: _____

Order (must be renewed every 30 days)
IVIG _____ mg/kg ☐ IV ☐ SQ (check one) every _____ for 30 days
Dose *Route* *interval*

Note: Pharmacy will calculate dose based on an adjusted body weight with a 0.4 correction factor, unless actual body weight is less than ideal body weight.

Special instructions: _____

Physician signature: _____ **ID #:** _____

Date: _____ **Time:** _____