### Non-Medication Orders

**Pre-IVIG Infusion Checklist**
- **Patient Weight:** ____________
- Immunoglobulins sent to rule out IgA deficiency
- Bloodwork

### Drug Allergies

<table>
<thead>
<tr>
<th>List Drug</th>
<th>Describe Reactions/Allergies</th>
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- No known drug reaction/allergies

### Medication Orders

#### Timing of IVIG Infusions
- Patient to be given the infusion regimen of IVIG as outlined below every __ weeks OR __ month(s) for a total of __ infusions.

#### Pre-IVIG Infusion
- Insert IV of D5W
- Premedicate with 650 mg PO Acetaminophen (Tylenol®) 30 minutes prior to the infusion
- Premedicate with 50 mg IV Diphenhydramine (Benadryl®) prior to the infusion
- Other:

#### IVIG Infusion
- Give IVIG ______________ grams IV over ______ hours for ______ consecutive days (Typical dose is 2.0 grams/kg given in divided doses over 2-4 days; 1.0 g/kg/day x 2 days or 0.5 g/kg/day over 4 days)
- Diphenhydramine (Benadryl®) 50 mg IV q6h prn
- Acetaminophen (Tylenol®) 650 mg PO q4h prn

#### Post-IVIG Infusion
- Furosemide (Lasix®) ______mg PO / IV post IVIG (20-40 mg)
- D/C IV & D/C Home
- Other:

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**Physician’s Signature**

**Physician’s Printed Name**

**Authorized Physician’s Signature**

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