Print Patient Name (Required)

DOB

Height (cm): ____________________
Weight (kg): ____________________
BSA (m2): ____________________
Allergies: ______________________

Place Patient Barcode Here

Gammagard Infusion

Admit to:	Diagnosis:	Infusion Date:

☐ Port ☐ Broviac ☐ PICC ☐ Peripheral
☐ Normal Saline/Heparin flush per protocol
☐ Topical anesthetic per protocol

Premedication

☐ **Acetaminophen** = _______ mg PO (max dose 1000mg) ☐**Methylprednisolone** = _______ mg IV
☐ **Diphenhydramine** = _______ mg IV or PO (max dose 50mg) ☐ **Other**: ___________________________

Gammagard __________ grams IV once

- ☐ For all patients receiving their first or second infusion, and for all patients under 8 years of age after two infusions without problems: 10ml/hr X 15 minutes, 20ml/hr X 15 minutes, 40ml/hr X15 minutes, 80ml/hr X 15 minutes 120ml/hr until completed
- ☐ For all patients 8 years of age and older after two infusions without problems: 20ml/hr X 15 minutes, 40ml/hr X 15 minutes, 80ml/hr X 15 minutes, 160ml/hr until completed
- ☐ Follow above ordered titrations but continue advancing until _________________ml/hr is reached
- ☐ Titration orders if different than above: ____
____
____

Nursing Orders

Weigh patient prior to infusion.

Monitor Vital Signs at the beginning, Q15 minutes for 1 hour and then hourly, and at the end of the infusion. Report any changes in status or vital signs.

Regular diet for patient age.

Obtain the following labs with IV or central line access prior to the start of infusion:
☐ CBC ☐ CMP ☐ BMP ☐ ALT ☐ AST ☐ UA ☐ Other: ________________
☐ IGG ☐ IGG/IGA/IGM
☐ Call lab results prior to starting infusion
Fax all lab results to ordering provider

☐Discharge once infusion completed ☐Discharge 30 minutes post infusion

_________Physician Initials

____
Print Patient Name (Required)

____
DOB

Height (cm): ____________________
Weight (kg): ____________________
BSA (m^2): ____________________
Allergies: ______________________

PRN medications:

☐ **Diphenhydramine** (1mg/kg) = ______ mg IV or PO once prn itching

☐ **Ibuprofen** (10 mg/kg) = _______ mg PO once prn mild pain/temp>100.4 (call for fever prior to administering)

☐ **Acetaminophen** (15mg/kg) = _____mg PO once prn mild pain/temp>100.4 (call for fever prior to administering)

Orders good until this date: ______________

Provider's Signature: _____________________________________ Date: __________ Time: _________

Printed Name: _____________________________________