



 Print Patient Name (Required)

 DOB

Height (cm): _____
 Weight (kg): _____
 BSA (m²): _____
 Allergies: _____



Gamunex-C Infusion

Admit to:	Diagnosis:	Infusion Date:
<input type="checkbox"/> Port <input type="checkbox"/> Broviac <input type="checkbox"/> PICC <input type="checkbox"/> Peripheral <input type="checkbox"/> Normal Saline/Heparin flush per protocol <input type="checkbox"/> Topical anesthetic per protocol		
Premedication		
<input type="checkbox"/> Acetaminophen = _____ mg PO (max dose 1000 mg) <input type="checkbox"/> Methylprednisolone = _____ mg IV <input type="checkbox"/> Diphenhydramine = _____ mg IV or PO (max dose 50 mg) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ondansetron = _____ mg IV or PO		

Gamunex-C _____ 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: <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> UA <input type="checkbox"/> Other: _____ <input type="checkbox"/> IGG <input type="checkbox"/> IGG/IGA/IGM <input type="checkbox"/> Call lab results prior to starting infusion **Fax all lab results to ordering provider**
<input type="checkbox"/> Discharge once infusion completed <input type="checkbox"/> Discharge 30 minutes post infusion





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Place Patient Barcode Here

PRN medications:

- Diphenhydramine** (1mg/kg) = _____ mg IV or PO once prn itching
- 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: _____

