

IVIG Order Set and Program Approval Process

Adult 10% IVIG Practitioner Order Set

- All IVIG orders MUST be completed on the ADULT Intravenous Immune Globulin (IVIG) Order Set. The order set is available on:
 - ⇒ [SHA Intravenous Immune Globulin Resources webpage](#)
 - ⇒ [SHA Order Sets Catalogue](#)
 - ⇒ [Sask Blood webpage](#)



Screening Process

- Nurse Navigators screen the Diagnosis and/or Indication for IVIG against the *Criteria for the Clinical Use of Immune Globulin, Second Edition February 2022* which uses a color system to easily identify if IVIG is recommended or not.

Adjusted Body Weight (Dosing Weight)

- Patient Actual Height and Weight are required to calculate Adjusted Body Weight (Dosing Weight).
- Adjusted Body Weight is used to program the SMART pump when providing **5% IVIG and 10% IVIG** infusions unless otherwise indicated.
- If the **Actual Body Weight** changes by **± 5kg or 10%** from the initial order, please reach out to the IG Stewardship Program Nurse Navigators.



Screening and Approval to be Completed by the IG Nurse Navigator or TML

- The Screening and Approval box is found on the bottom of Page 3 of the IVIG order set.
- This box indicates: Calculated ABW, Induction Dose, Maintenance Dose, total number of cycles approved, date blood consent was obtained and the estimated start date of the order set. If actual body weight is to be used to program the pump it will be clearly indicated in this box.

Note: IVIG is a blood product and requires a valid blood consent to administer.

- Once approved by the IG Stewardship Program, a Nurse Navigator signs and dates the Screening and Approval Box.

SCREENING AND APPROVAL TO BE COMPLETED BY IG NURSE NAVIGATOR OR TML	
<input type="checkbox"/> IV Immunoglobulin, 10%	OR <input type="checkbox"/> IV Immunoglobulin, 5% (<input type="checkbox"/> TMP approval confirmed)
<input type="checkbox"/> Specific IG Brand Requested (if applicable): _____	
<input type="checkbox"/> Calculated ABW _____ kg	<input type="checkbox"/> If required, total dose adjusted to _____ g
<input type="checkbox"/> Induction Dose _____ g; over ___ days	<input type="checkbox"/> TMP Consulted (Name) _____
<input type="checkbox"/> Maintenance Dose _____ g; over ___ days	Date Blood Consent Obtained: _____
<input type="checkbox"/> Approved for _____ cycles	Infusion Site/Facility: _____
	Estimated Start Date of POS: _____
IG NN/Tech Signature: _____	Date: _____

Healthy People, Healthy Saskatchewan

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.



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