

# ADULT IVIG Order Completion Checklist

## Adult Intravenous Immune Globulin (IVIG) Order Set CS-OS-1910

- ☐ Ensure **ALL** sections are completed and all 3 pages are signed and dated for order processing
- ☐ IVIG Concentration – Select 10% or 5% (check box in the Header)
  - IVIG 10% is standard; IVIG 5% has specific indications and requires approval for initial use

## Special attention is required to the following sections to avoid delay:

### Section 4: IVIG Order

- ☐ **Diagnosis/Indication:** Include the diagnosis and clinical indication, which must align with the eligibility criteria outlined in the *Criteria for the Clinical Use of Immune Globulin 2<sup>nd</sup> Edition (February 2022)*.
- ☐ Include the patient **ACTUAL** Height in cm and **ACTUAL** Weight in kg

### Section 5: Adjusted Body Weight (ABW) Select Option A or B

#### Option A:

- ☐ Prescriber Authorization Initial
- ☐ Induction or Maintenance Dose in g/kg and number of days over which to infuse
- ☐ Frequency and Number of Cycles (if applicable)

#### Option B:

- ☐ Adjusted Body Weight (ABW)
- ☐ Induction or Maintenance Dose in g/kg and number of days over which to infuse
- ☐ Frequency and Number of Cycles (if applicable)

### Section 8. Medications

- ☐ Pre-Infusion Medications – leave blank, unless the patient has had a previous reaction to IVIG
- ☐ PRN Medications – please complete relevant medications for all patients

## Additional Documentation Required:

- ☐ **Valid Blood Consent Form**
  - A valid blood consent form must be signed by both prescriber and patient and is valid for One Year
- ☐ **Clinical summary from the specialist recommending initiation or ongoing treatment with IVIG:**
  - For Immunodeficient patients, please include:
    - Most recent IgG trough levels (ideally, collected within 3 days before the next IVIG infusion);
    - Frequency and severity of infections in the past 6 months, including number of hospitalizations;
    - The rationale for ongoing IVIG use at current dose vs a tapering protocol.
  - For Immunomodulation patients, please include:
    - Objective measures of effectiveness that have been established at the outset of treatment;
    - Concurrent immunomodulatory therapies tried, ongoing or planned;
    - The rationale for ongoing IVIG use at current dose vs a tapering protocol.



**Please ensure the IVIG Order Set is completed properly to avoid a delay in patient care**