FLEXCARE INFUSION CENTERS

Fax: (888) 219-8102 | **Email:** orders@flexcareinfusion.com | **Visit:** flexcareinfusion.com/referrals

IVIG REFERRAL FORM

PATIENT DEMOGRAPHICS:

PATIENT NAME:	PATIENT'S CONTACT #:
DATE OF REFERRAL:	ADDRESS:
DATE OF BIRTH:	CITY, STATE, ZIP:
FOR COPAY ASSISTANCE, PLEASE PROVIDE LAST 4 OF SSN:	
HEIGHT: _______ FEET _______ INCHES	GENDER: FEMALE MALE
WEIGHT: _______ LB or _______ KG	ALLERGIES: SEE LIST NKDA

REQUIRED DOCUMENTATION: Please provide a copy of the following documents.

- ☑ INSURANCE CARD (Front & Back)
- ☑ PATIENT DEMOGRAPHICS
- ☑ MOST RECENT LABS
- ☑ MEDICATION LIST
- ☑ TRIED/FAILED THERAPIES
- ☑ HISTORY & PHYSICAL
- ☑ IMMUNOGLOBULIN LEVELS

PRIMARY MEDICATION ORDER:

No Brand Preference:

No brand preference - Immune Globulin Solution 5%

No brand preference - Immune Globulin Solution 10%

Medication:

Gammagard Liquid 10%

Gamunex-C 10%

Octagam 5%

Octagam 10%

Privigen 10%

Gammagard S/D 5%

Gammagard S/D 10%

Bivigam 10%

Panzyga 10%

Other: ____

Loading Dose:

____ grams

____ g/kg

____ mg/kg

Over ____ days

Maintenance Dose:

____ grams

____ g/kg

____ mg/kg

Over ____ days

Every ____ weeks

For ____ weeks **or**

____ cycles

☑ Round to the nearest whole 5 g vial

Other: ____

____

First Dose: Y N

☑ Refill x12 months unless otherwise noted.

PRN & PRE-MEDICATIONS:

MEDICATIONS	30 minutes prior to every infusion	PRN
Acetaminophen 650 mg PO		PRN every _____ hours for mild or moderate infusion reaction.
Diphenhydramine 25 mg PO		PRN every _____ hours for mild or moderate infusion reaction.
Diphenhydramine 25 mg IV		PRN every _____ hours for mild or moderate infusion reaction.
Methylprednisolone 125 mg IV		PRN every _____ hours for mild or moderate infusion reaction.
Other: ____________________		PRN every _____ hours for mild or moderate infusion reaction.

LINE USE/CARE ORDERS:

☑ START PIV/ACCESS CVC

☑ FLUSH DEVICE PER FLEXCARE INFUSION POLICY & PROCEDURE (SEE REVERSE SIDE)

OTHER FLUSH ORDERS: (please fax other reaction orders if checking this box)

ADVERSE REACTION & ANAPHYLAXIS ORDERS:

☑ ADMINISTER ACUTE INFUSION AND ANAPHYLAXIS MEDICATIONS PER FLEXCARE INFUSION POLICY AND PROCEDURE (See Reverse Side)

OTHER: (please fax other reaction orders if checking this box)

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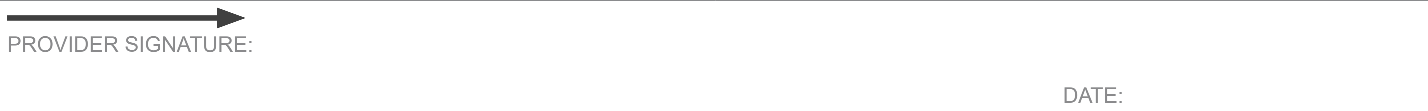
LAB ORDERS: Please include frequency.

PRIMARY DIAGNOSIS:

- D80.1 - Nonfamilial hypogammaglobulinemia
- D80.3 - Selective deficiency of immunoglobulin G [IgG] subclasses
- D80.5 - Immunodeficiency with increased immunoglobulin M [IgM]
- D83.0 - CVID with predom abnlt of B-cell nums & function
- D83.1 - CVID with predom immunoreg T-cell disorders
- D83.9 - Common variable immunodeficiency, unspecified
- G61.0 - Guillain-Barre syndrome
- G61.81 - Chronic inflammatory demyelinating polyneuritis
- G61.82 - Multifocal motor neuropathy
- G70.00 - Myasthenia gravis without (acute) exacerbation
- G70.01 - Myasthenia gravis with (acute) exacerbation
- M33.10 - Other dermatomyositis without myopathy
- M33.20 - Polymyositis, organ involvement unspecified
- M33.90 - Dermatopolymyositis, unsp, organ involvement unspecified
- Z94.0 - Kidney transplant status
- Other ______

PRESCRIBER INFORMATION: Please check preferred form of communication.

PROVIDER NAME:	PHONE:
OFFICE CONTACT:	FAX:
ADDRESS:	EMAIL:
CITY, STATE, ZIP:	NPI:



PROVIDER SIGNATURE:

DATE:

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IVIG REFERRAL FORM

FLEXCARE INFUSION CENTER'S ACUTE & ANAPHYLAXIS MEDICATION PROTOCOL:

**This table does not reflect non-medicinal interventions that are part of FlexCare's protocol, such as slowing or stopping the infusion and physician/911 notification.*

	MILD INFUSION REACTION	MODERATE INFUSION REACTION	SEVERE INFUSION REACTION/ANAPHYLAXIS
SYMPTOM CLASSIFICATION	• Flushing • Dizziness • Headache • Apprehension • Diaphoresis • Palpitations • Nausea / Vomiting • Pruritis	• Chest Tightness • Shortness of Breath • Hypo/hypertension (>20 mmHg Change in Systolic BP from Base-line) • Increased Temperature (>2 De-grees Fahrenheit • Urticaria	• Hypo/hypertension (>40 mmHg Change in Systolic BP from Baseline). • Increase Temperature (>2 Degrees Farenheit) with Rigors • Shortness of Breath with Wheezing • Laryngeal Edema • Chest Pain • Hypoxemia
TREATMENT PROTOCOL FOR ADULTS >66LBS	☒ Administer PRN medications per Physician order	☒ Administer PRN medications per Physician order	☒ Apply oxygen via ambu bag or high flow nasal canula, if vomiting. ☒ Administer 0.9% NaCl 500 mL at 125mL/hr to maintain IV access. ☒ Administer diphenhydramine 50 mg IV or IM Inject epinephrine 0.3mg/0.3 mL IM into the midantero-lateral aspect of the thigh; repeat in 5-15 minutes if needed. ☒ Administer 0.9% NaCl 1000mL bolus for an in-complete response to IM epinephrine. May repeat x1.
TREATMENT PROTOCOL FOR CHILDREN 33LBS - 66 LBS	☒ Administer PRN medications per Physician order	☒ Administer PRN medications per Physician order	☒ Apply oxygen via ambu bag or high flow nasal canula, if vomiting. ☒ Administer 0.9% NaCl 500mL at 75mL/hr to main-tain IV access. ☒ Administer diphenhydramine 1-2 mg/kg IM or slow IVP not to exceed 25mg/min ☒ Inject epinephrine 0.15mg/0.15 mL IM into the mid-anterolateral aspect of the thigh; repeat in 5-15 minutes if needed. ☒ Administer 0.9% naCl bolus 20mL/kg for an in-complete response to IM epinephrine. May repeat x1.

FOR CHILDREN < 33 LBS FLEXCARE INFUSION UTILIZES THE REACTION ORDERS OBTAINED BY THE REFERRING PHYSICIAN.

FLUSHING PROTOCOLS

		FLUSHING PROTOCOL Normal Saline*		LOCKING PROTOCOL Heparin Sodium		
		0.9% Sodium Chloride		*10 Units/mL*	*100 Units/mL*	
PATIENT CLASSIFICATION	LINE TYPE	PRE-ADMIN	POST ADMIN	POST LAB DRAW	POST NS FLUSH*	
ADULT > 66 LBS	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	10 mL	10 mL		5 mL
	Peripherally Inserted Central Catheters (PICC)	5 mL	10 mL	10 mL	5 mL	
	Tunneled & non-Tun-neled Catheters	5 mL	10 mL	10 mL	5 mL	
PEDIATRIC 33 LBS - 66 LBS	Peripheral IV Catheter	3 mL	3 mL		3 mL	
	Midline	3 mL	3 mL		3 mL	
	Implanted Port	5 mL	5 mL	10 mL	3 mL	
	Peripherally Inserted Central Catheters (PICC)	5 mL	5 mL	10 mL	3 mL	
	Tunneled & non-Tun-neled Catheters	5 mL	5 mL	10 mL	3 mL	

FOR CHILDREN <33 LBS, FLEXCARE INFUSION UTILIZES THE FLUSHING ORDERS OBTAINED BY THE REFERRING PHYSICIAN.

**0.9% NS will be substituted with Dextrose 5% or alternative only when indicated due to medication incompatibility with NS.*