



Fax your completed order to 877-734-1157

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Infusion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Infusion Location: (state and site) \_\_\_\_\_

### Panzyga (immune globulin-ifas) Infusion Orders

Diagnosis-provide ICD-10 code

_____	Immune Thrombocytopenia(CITP)
_____	Primary Immune deficiency Disorder(PIDD)
_____	Chronic Inflammatory Demyelinating Polyradiculoneuropathy(CIDP)
_____	OTHER _____

#### Nursing Orders:

- Hold infusion for abnormal vital signs
- Hold for history of PE or DVT
- Hold for if renal function has not been reviewed
- Hold for signs or symptoms of dehydration
- Hold for IgA deficiency Documentation

#### Needed:

- Documentation of diagnosis/office visit notes
- Renal function, IG levels
- Scans for CIDP

#### Premedication:

<input type="checkbox"/> NS _____	<input type="checkbox"/> Benadryl 25-50mg IV or PO	<input type="checkbox"/> Solumedrol 125mg IV
Administer Panzyga _____ g IV every _____		

#### Dosing table:

Indication	Dose	Initial Infusion Rate	Max Infusion Rate
PIDD	300-600mg/kg every 3-4 week	0.6ml/kg/hr	8.4ml/kg/hr
CITP	2g/kg divided over 2 days	0.6ml/kg/hr	4.8ml/kg/hr
CIDP	Load: 2g/kg over 2 days Main:1-2g/kg every 3 weeks over 1-2 days	0.6ml/kg/hr	7.2ml/kg/hr

If patient develops bronchospasm, angioedema, hypotension, urticaria or other signs of anaphylaxis, initiate Hypersensitivity Reaction Management Protocol to include administration of epinephrine 0.3 mg IM STAT.

#### Additional Orders:

Provider Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Time: \_\_\_\_\_