

Demographic Information:

Patient Name _____ Date of Birth _____

Home Address _____

City, State, Zip _____

Home Phone _____ Mobile or Work Phone _____

Primary Insurance Name _____

Primary Insurance ID _____ Primary Insurance Group _____

Insured Name _____ Insured Date of Birth _____

Secondary Insurance Name _____ Insurance ID _____ Insurance Group _____

Secondary Insurance ID _____ Secondary Insurance Group _____

Ordering Physician's Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

NPI _____

Please fax the following information:

- History and Physical Pertinent Lab Work
- Front & Back copy(s) of patient's insurance card(s)

Physician Signature: _____

Date: _____

Prescription:

Intravenous Immunoglobulin

0.4 gm/kg 1gm/kg 2gm/kg _____ grams

Infuse: IV daily x _____ day(s); repeat every _____ week(s) x _____ cycles

Other: _____

Hydration order: _____ mls NS iv to be infused prior/post IVIG.

- Pre-medications: Acetaminophen 650mg PO 30 mins prior to infusion
- Diphenhydramine 25mg PO 30 mins prior to infusion

Subcutaneous Immunoglobulin

Infuse _____ grams OR _____ mls

using _____ sites _____ time(s) per week

for _____ months.

Other Pre-medications: _____

Clinical Information:

Patient Weight: _____ Height: _____ Allergies: _____

- IV access [for IVIg patients only]: _____
- Nurse to place PIV prior to therapy

| Diagnosis | ICD-10 | Diagnosis | ICD-10 |
|---|--------|--|--------|
| Neuromuscular: | | Immune Deficiency: | |
| <input type="checkbox"/> Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) | G61.81 | <input type="checkbox"/> CVID w/ Predominant Immunoregulatory T-Cell Disorders | D83.1 |
| <input type="checkbox"/> Dermatopolymyositis | M33.90 | <input type="checkbox"/> Combined Immunodeficiency, Unspecified | D81.9 |
| <input type="checkbox"/> Guillain-Barre Syndrome (GBS) | G61.0 | <input type="checkbox"/> Common Variable Immunodeficiency, Unspecified | D83.9 |
| <input type="checkbox"/> Multifocal Motor Neuropathy | G61.82 | <input type="checkbox"/> Hereditary Hypogammaglobulinemia | D80.0 |
| <input type="checkbox"/> Myasthenia Gravis (MG) | G70.0 | <input type="checkbox"/> Immunodeficiency with Increased IgM | D80.5 |
| <input type="checkbox"/> Myasthenia Gravis with (Acute) Exacerbation | G70.01 | <input type="checkbox"/> Nonfamilial Hypogammaglobulinemia | D80.1 |
| <input type="checkbox"/> Polymyositis | M33.20 | <input type="checkbox"/> Other combined Immunodeficiencies | D81.89 |
| <input type="checkbox"/> Relapsing Remitting Multiple Sclerosis (RRMS) | G35 | <input type="checkbox"/> Other Common Variable Immunodeficiencies | D83.9 |
| <input type="checkbox"/> Stiff Person Syndrome | G25.82 | <input type="checkbox"/> Pemphigoid | L12.0 |
| Other: | | <input type="checkbox"/> Pemphigus | L10.9 |
| <input type="checkbox"/> Autoimmune Encephalopathy | G04.81 | <input type="checkbox"/> SCID with Low or Normal B-Cell Numbers | D81.2 |
| <input type="checkbox"/> Idiopathic Thrombocytopenic Purpura | D69.3 | <input type="checkbox"/> SCID with Low T- and B- Cell Numbers | D81.1 |
| <input type="checkbox"/> Inflammatory Neuropathies | G61.89 | <input type="checkbox"/> Selective deficiency of IgG Subclasses | D80.3 |
| | | <input type="checkbox"/> Specific Antibody Deficiency | D80.6 |
| | | <input type="checkbox"/> Systemic lupus erythematosus (SLE) | M32.9 |

Please Draw:

- CBC/diff CMP IgG w/subclasses 1-4 Quant. Ig
- _____ _____ Frequency: _____

PER Anaphylaxis Protocol:

- Adult – EpiPen 0.3 auto-injector dual pack
- Pediatric – EpiPen 0.15 auto-injector dual pack
- * Administer intramuscularly in the event of ADR*
- [May repeat x 1. Order is valid for 1 year]. **Use generic if applicable**

Notes:

If applicable, flush intravenous access device per KabaFusion protocol:

| Access | NS | Heparin |
|-----------------------------------|--|---|
| Peripheral | 1-3ml before/after use | 10u/ml 1-2mls after last NS flush |
| Midline, central (non-port), PICC | NS 5-10 mls before/after use; 10mls after blood draw | 10 u/ml 3-5mls after last NS flush; 5mls after blood draw |
| Implanted Port | 5-10mls before/after use; 20mls after blood draw | 100 u/ml 5mls after last NS flush; 5mls after blood draw |
| Tunneled | 5-10mls before/after use; 20mls after blood draw | 10 u/ml 3- mls after last NS flush. 5mls after blood draw |
| Groshong PICC, Midline | 5-10mls before/after use; 10mls after blood draw | NO Heparin needed |