

McLeod Health

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Immune Globulin (Gamunex-C) Treatment Plan

Patient Name: _____ DOB: _____

Height (cm): _____ Weight (kg): _____ Allergies: _____

Diagnosis (select one and complete the 2nd and 3rd digits to complete the ICD-10 code):

- D80.____ Hypogammaglobulinemia/Select IG Deficiency D83.____ Common variable immune deficiency
- G61.81 CIDP G61.0 Guillain-Barre syndrome
- M33.9__ Dermatopolymyositis D69.3 ITP
- M33.2__ Polymyositis G70.____ Myasthenia Gravis
- Other: ICD 10 Code: _____ Diagnosis Description: _____

Pre-Medications: **administered 30 minutes prior to infusion**

- None
- Acetaminophen 650 mg PO
- Diphenhydramine: Dose: 25 mg 50 mg Route: PO or IVP
- Methylprednisolone: Dose: 40 mg or 125 mg Route: IVP
- Famotidine: Dose: 20 mg Route: PO or IVPB
- Other (include drug, dose, and route): _____

Drug Orders:

- IVIG (Gamunex-C) (J1561) infused IV via titration protocol unless otherwise specified
- Dose (Based on Actual BW): _____ gm/kg/day _____ g/day
- Frequency: Once Daily x _____ doses Once every _____ weeks
- Other: _____
- Order Duration: Six months unless otherwise specified (Other: _____)

Lab Orders:

Standing Orders:

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone: _____

Pre-Screening Requirements:

- Provide IgG level (for immunodeficiency patients only) prior to start of therapy

Previous Therapies:

- For new patient referrals, please send history and physical and most recent physician note with completed plan
- If patient has previously received any IVIG product at another facility, please provide last date received: _____

Insurance/Authorization Information:

Insurance Type: _____

Insurance Authorization Reference Number: _____

Date Obtained: _____ Authorization Valid Until: _____

Additional Notes: _____

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Florence: 843-777-6001 (Fax)

843-777-4655 (Phone)