

McLeod Health

Immune Globulin (Gamunex-C) Treatment Plan

Patient Name: _____ DOB: _____

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

Patient Primary Phone Number: _____

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: One year 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.

• Appropriate access and line care orders per health system policy

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 Information:

Insurance Plan Name: _____

Insurance Identification Number: _____

Insurance Customer Service Contact Number: _____

Preferred Treatment Location

McLeod Regional Medical Center (Florence) McLeod Health Loris

McLeod Health Cheraw

McLeod Health Seacoast (Little River)

McLeod Health Dillon

McLeod Health Clarendon (Manning)

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.