

**Intravenous Immune Globulin (IVIG)**

Patient's diagnosis: \_\_\_\_\_ Patient weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

- Infuse 1 gram/kg of Immune globulin \_\_\_\_\_ grams IV over 3-4 hours daily times 3 days. Treatment days are: Day 1= \_\_\_\_\_, Day 2= \_\_\_\_\_, Day 3= \_\_\_\_\_.
- Premedicate patient each day with:  
Acetaminophen 650mg PO  
Diphenhydramine 50 mg PO  
Dexamethasone 4 mg IV
- Anaphylaxis kit available, prn allergic reaction. Notify MD.

**Day 1:** Immune globulin \_\_\_\_\_ grams IV over 3-4 hours.

Premedicate with:

- Acetaminophen 650 mg PO
- Diphenhydramine 50 mg PO
- Dexamethasone 4 mg IV

**Day 2:** Immune globulin \_\_\_\_\_ grams IV over 3-4 hours.

Premedicate with:

- Acetaminophen 650 mg PO
- Diphenhydramine 50 mg PO
- Dexamethasone 4 mg IV

**Day 3:** Immune globulin \_\_\_\_\_ grams IV over 3-4 hours.

Premedicate with:

- Acetaminophen 650 mg PO
- Diphenhydramine 50 mg PO
- Hydrocortisone 100 mg IV

Signed: \_\_\_\_\_ Pager: \_\_\_\_\_