

Patient Name _____
 Address: _____
 Apt / Suite # _____
 City: _____ State: _____ Zip: _____
 Date of Birth: ___/___/___
 Height: _____ Weight: _____
 Phone: _____ 2nd Phone: _____

Patient Records (Please Attach and Fax):

1. Insurance Card(s) and Demographic Information
2. Recent Clinical Assessment Note or H&P
3. Current Medication List

Allergies: _____

PMH: IGA Deficiency Cardiac Disease
 Diabetes Renal Dysfunction

Statement of Medical Necessity - Primary Diagnosis

- Transient Neonatal Thrombocytopenia P61.0
 Idiopathic Thrombocytopenia Purpura (ITP) D69.3
 Maternal care for other Rh isoimmunization, unspecified trimester, not applicable or unspecified O36.0990
 Hemochromatosis, unspecified E83.119
 Current Gestational Age: _____ EDC: _____
 Gravid: _____ Para: _____

For NAIT:

Has HPA-1a testing been completed? Yes No
 Results confirm NAIT? Yes No

For ITP:

Current Platelet Count: _____

PRESCRIPTION

Is this the first dose? Yes No If no, date first dose given: _____ Next dose due: _____

Administer IVIG Product: Pharmacist to determine (or) Formulation _____

Dose: (please select one and provide complete information)

- 2 g/kg over** _____ **days, repeat course every** _____ **week(s) for** _____ **cycle(s)**
 _____ **mg/kg or** _____ **g every** _____ **week(s) for** _____ **cycle(s)**
 Other Regimen: _____

Infusion Rate per manufacturer recommendations unless otherwise noted: _____

Access: Peripheral PICC Port Other: _____

Flushing: Elwyn Specialty Care Protocol (Heparin 100 unit/mL, 0.9% NaCl 500 mL bag)

Adverse/Anaphylactic Reactions: Per Elwyn Specialty Care Protocol

Adults or Children greater than 66 pounds or 30 kg:

- For mild reaction: give Diphenhydramine 50 mg orally, IM or IV and decrease the rate of infusion.
- For moderate reaction: stop infusion, give Diphenhydramine 50mg, orally, IM or IV and contact physician
- For Severe reaction w/breathing problem: stop infusion, call 911, give Epinephrine 0.3mg/0.3ml subcutaneously, Diphenhydramine 50 mg IV or IM. Begin NSS 500ml IV at a rate of 100-150ml/hr and contact physician.

Note: **Dosage adjustment necessary for children less than 30kg or 66 pounds:** Diphenhydramine 1.25mg/kg orally, IM or IV with a maximum of 50mg. If Epinephrine is needed 0.15mg/0.15ml 1:1000 subcutaneously

Pre-treatment:

- Diphenhydramine (Benadryl) 25-50 mg orally before infusion
 Acetaminophen (Tylenol) 325-650 mg orally before infusion
 Other: _____

Labs:

- BUN and Serum Creatinine; Fax Results Prior to first infusion After _____ infusion
 Other: _____ Fax Results Prior to first infusion After _____ infusion

Nursing: Start PIV as required for administration and nurse to administer infusion in home.

Access: Peripheral PICC Port Other _____

Flushing: Elwyn Specialty Care Protocol (Heparin, 0.9% NaCl, D5W)

Labs _____

MONITOR

Observe: Vital signs prior to infusion. Blood pressure and pulse every 30 minutes until stable infusion rate, then every hour.

Watch for: Signs of fluid overload, cardiovascular symptoms, allergic reactions, skin rash, fever, and moderate to severe headache.

Call/Page MD: For adverse events, stop the infusion. Can restart the infusion at the same or lower rate pending physician's approval or if symptoms subside.

Prescriber's Name _____ Office Contact _____

Street Address _____ Suite # _____ City _____ State _____ Zip _____

Tel _____ Fax _____ Email _____

License# _____ NPI# _____ UPIN# _____ DEA# _____

Physicians Signature: _____ Date: _____