Southwestern Medical Center
Empowered by ScionHealth
Phone: 580-531-4892
Fax: 877-249-1191

SOUTHWESTERN MEDICAL CENTER INFUSION SERVICES
INTRAVENOUS IMMUNO GLOBULIN ORDER FORM

☐ **STAT REFERRAL**

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI_____ DOB:_____

HT: _____ in WT: _____ kg Sex :( ) Male ( ) Female Allergies: ( ) NKDA, _____

_____

Physician Name_____ Contact Name _____ Contact Phone # _____

NPI #:_____ Tax ID#:_____ Fax #: _____

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: ICD 10 + Description:_____ Date of Diagnosis:_____

PERTINENT MEDICAL HISTORY

Does patient have venous access? ☐ **YES** ☐ **NO** **If yes, what type** ☐ **MEDIPORT** ☐ **PIV** ☐ **PICC LINE** ☐ **OTHER:**_____

PRESCRIPTION ORDERS:

a) ALL MEDIPORTS / IV ACCESSES WILL BE FLUSHED WITH SALINE OR HEPARIN PER HOSPITAL PROTOCOL

b) ALL PRODUCTS WILL BE PREPARED AND ADMINISTERED PER STANDARD PHARMACY CONCENTRATIONS AND HOSPITAL POLICY

c) DOSES MAY BE ROUNDED TO NEAREST VIAL WITHIN 10 GRAM(S) OF THE PRESCRIBED DOSE PER HOSPITAL PROTOCOL UTILIZING IDEAL BODY WEIGHT UNLESS ACTUAL BODY WEIGHT IS LESS

d) OCTAGAM TO BE UTILIZED UNLESS OTHERWISE REQUESTED. SUBSTITION MAY BE PERMITTED BASED ON AVAILABILITY. IF ALTERNATIVE PRODUCT REQUESTED/SUBSTITUTED, PLEASE PLACE PRODUCT HERE:_____

SELECT	DOSE	ROUTE	RATE	REPEAT EVERY	DURATION
	g / kg	**IV**	**TITRATE PER POLICY**		
	Flat Dose: g	**IV**	**TITRATE PER POLICY**		

PREMEDS

SELECT	MEDICATION	DOSE	ROUTE
	BENADRYL		
	ACETAMINOPHEN		
	SOLUMEDROL		
	FAMOTIDINE		
	Other:		

LABS

SELECT	LAB REQUESTED	WHEN	FREQUENCY
	BMP	**( ) PRIOR ( ) POST**	
	CMP	**( ) PRIOR ( ) POST**	
	BUN/CREATININE	**( ) PRIOR ( ) POST**	
	Other:	**( ) PRIOR ( ) POST**	
	Other:	**( ) PRIOR ( ) POST**	

NOTES/SPECIAL INSTRUCTIONS

_____

_____

_____

_____

_____

Physician's Signature _____ **Time**_____ **Date**_____
**Signature Must Be Clear and Legible*

Cosignature (If Required)_____ **Time**_____ **Date**_____
**Signature Must Be Clear and Legible*

Fax completed form, supporting documentation, facesheet, and insurance cards to the Outpatient Infusion Center at 1 (877) 249-1191.