## Care Partners

## Phone : 866-852-0202 Fax : 866-832-7180

IMMUNOGLOBULIN (IG) NEUROLOGY RX ENROLLMENT FORM

PATIENT INFORM	ATION									
Patient Name:			Date of Birth:			Gend	ler:			
Home Phone: Cell Phone:		ne:								
Address:			City:	City:			Zip:			
Emergency Contact:				State:     Zip:       Emergency Phone:     Emergency Phone:						
CLINICAL INFORMATION				PRESCRIBER INFORMATION						
Patient Weight: kg lbs				Prescriber Name:						
Patient Height:				DEA #: NPI #:						
Allergies:				Address:						
Has patient previously received IG?				City:          State:          Zip:						
Pharmacy to coordinate home health nursing visit and/or nursing training				Phone: Fax:						
Patient already trained on subcutaneous infusion										
							-			
MEDICATION Pharmacy to select IG Brand					G61.81 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)					
Infusion Route Intravenous Subcutaneous					G61.82 Multifocal Motor Neuropathy (MMN)					
Dose and Directions					G70.01 Myasthenia Gravis with Acute Exacerbation					
>> Pharmacy to calculate based on the following weight: kg [					G61.0 Guillain-Barré Syndrome					
					M33.10 Dermatomyositis					
				// /	G70.80 Lambert-Eaton Syndrome					
				very week(s) y week(s)			iromyopathy and			
				y week(3)	M33.22 Polymyositis with myopathy					
	w scheduling flexibilit			rest vial size	C25 82 Stiff man Syndromo					
	•	· _			C2E Multiple Scleresis (Polansing/Pomitting)					
				Multiple doses will be administered on consecutive days unless ordered otherwise. Rate protocol: Titrate initial and maintenance infusions per manufacturer's product labeling.						
REQUIRED FOR HOME INFUSION RX to include diluents, needles, syringes, ancillary supplies, home medical equipment to administer infusion.										
REQUIRED FOR	HOME INFUSION	RX to include dilue	ents, needles, sy	ringes, ancillary supplies	, home medical e	quipment to a	dminister infusion.			
REQUIRED FOR IV Access	HOME INFUSION To be administered					quipment to ac PICC	dminister infusion.			
-	To be administered • 0.9% NaCl: 1-10r	PERIPHERALLY, u mL IV before/after /mL: 5mL IV (perip	nless otherwise infusion, or PR oheral) PRN for	e <b>indicated.</b>	PORT	PICC For multi-day in bbtained, mainta the duration of t	dminister infusion. nfusions, peripheral IV to be ained, and discontinued for he infusion cycle per RN ordance with INS guidelines.			
IV Access Flush Protocol for IVIG drug	To be administered • 0.9% NaCl: 1-10r • Heparin 10 units • Heparin 100 unit	PERIPHERALLY, u mL IV before/after /mL: 5mL IV (perip ts/mL: 5mL IV (cen	nless otherwise infusion, or PR oheral) PRN for itral) PRN for fir	e <b>indicated.</b>	PORT	PICC * For multi-day in obtained, mainta the duration of t discretion in acco <b>*For subcut</b>	nfusions, peripheral IV to be ained, and discontinued for he infusion cycle per RN ordance with INS guidelines. taneous patients only*			
IV Access Flush Protocol for IVIG drug admin days only	To be administered • 0.9% NaCl: 1-10r • Heparin 10 units • Heparin 100 unit	PERIPHERALLY, u mL IV before/after /mL: 5mL IV (perip ts/mL: 5mL IV (cen th <b>30 minutes prior</b> Adult	nless otherwise infusion, or PR oheral) PRN for itral) PRN for fir r to infusion. Ma	e indicated. [ N for line patency/SAS final flush. *For multi- nal flush.	PORT	PICC * For multi-day in obtained, mainta the duration of t discretion in acco <b>*For subcut</b> <b>if requested</b>	nfusions, peripheral IV to be ained, and discontinued for he infusion cycle per RN ordance with INS guidelines. taneous patients only* d by patient/nurse.			
IV Access Flush Protocol for IVIG drug admin days only Pre and Post Medications Please	To be administered • 0.9% NaCl: 1-10r • Heparin 10 units • Heparin 100 unit	PERIPHERALLY, u mL IV before/after /mL: 5mL IV (perip ts/mL: 5mL IV (cen th <b>30 minutes prio</b>	nless otherwise infusion, or PR oheral) PRN for itral) PRN for fir r to infusion. Ma 6-12 years o	e indicated. [ N for line patency/SAS final flush. *For multi- nal flush. ay repeat every 4-6 hou	PORT	PICC For multi-day in bbtained, mainta the duration of t discretion in acco For subcut if requested Lidocaine 2. topical (may	nfusions, peripheral IV to be ained, and discontinued for he infusion cycle per RN ordance with INS guidelines. taneous patients only* d by patient/nurse. .5%/Prilocaine 2.5% y dispense Lidocaine 4%)			
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IV Access Flush Protocol for IVIG drug admin days only Pre and Post Medications Please strikethrough if not required Anaphylaxis Protocol Hydration Please select only if needed for IVIG Diphenhydramine Please select only if needed Quantity and Refills Additional Orders PRESCRIBER SIG	To be administered • 0.9% NaCl: 1-10r • Heparin 10 units • Heparin 100 unit To be given by mout Diphenhydramine Acetaminophen To be given intramuse Call 911. May repeat x 1. 0.9% NaCl D5W Nurse to determine hy To be given via slow 25-50mg *For IV Dispense 1-month s Dispense 3-mont	PERIPHERALLY, u mL IV before/after /mL: 5mL IV (perip ts/mL: 5mL IV (cerip ts/mL: 5mL IV (cerip ts/mL: 5mL IV (cerip ts/mL: 5mL IV (cerip (cerip) attributions of the supply with 1-year th supply wi	nless otherwise infusion, or PR oheral) PRN for itral) PRN for fir r to infusion. Ma 6-12 years o 12.5mg - 25m 12.5mg - 25m 12.5mg - 25m allergic reaction. ased over	e indicated. [ N for line patency/SAS final flush. *For multi- ial flush. *For multi- al flush. ary repeat every 4-6 hou d 2-5 years old g 6.25mg - 12.5mg 10-15mg/kg • Epinephrine 0.3 • Epinephrine 0.3 • Epinephrine 0.1 • For IVIG only: Epi minutes Tr minutes Tr 	PORT H. day infusions day infusions <b>1</b> day infusions <b>2</b> years old <b>1</b> mg/kg up to max 6.25mg mg ( ≥30kg/66lb 5mg (15kg to <30 nephrine ampule (10 <b>5</b> be infused pre-i <b>6</b> be infused pre-i <b>7</b> Concurrent wite se 50mg) *For IN	PICC * For multi-day in bbtained, mainta- the duration of ti discretion in acco *For subcut if requested Lidocaine 2. topical (may to injection prior to nee s) Dkg /33lbs to < 0.1mg (7.5kg to nfusion, unless th Infusion	nfusions, peripheral IV to be ained, and discontinued for he infusion cycle per RN ordance with INS guidelines. taneous patients only* d by patient/nurse. .5%/Prilocaine 2.5% ( dispense Lidocaine 4%) site(s) at least 1 hour dle insertion. <66lbs) o <15kg /16.5lbs to <33lbs) s otherwise indicated. ] Other tients Only*			
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