NCH north country healthcare | Androscoggin Valley Hospital

Patient Name:
DOB:
Address:
Cellphone:

AVH Infusion Center P 603-326-5782 F 603-326-5971
Monday - Friday 8am-4pm

IVIG Therapy Order Sheet

Please send copy of Prior Authorization with this form, if required

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Status ☐ New Therapy ☐ Order Renewal ☐ Dosage or Frequency Change

Diagnosis
☐ ICD 10 Code: _____ ☐ ICD 10 Code: _____
☐ ICD 10 Code: _____ ☐ ICD 10 Code: _____
☐ ICD 10 Code: _____ ☐ ICD 10 Code: _____

Order
☐ IVIG (Facility preferred, insurance preferred)
☐ IVIG (Provider preferred) _____

Dosage
☐ Weight based dosing YES or NO (circle one)
**If weight changes +/- 10% from initial treatment weight, adjust dose? YES or NO (circle one)

_____mg/kg x _____kg=_____mg (Round to nearest 10g increment)

☐ Fixed dose _____

Frequency
___ Initial infusions: dose 1: _____ subsequent doses at _____ weeks
___ Maintenance infusions: every _____ weeks
___ Other _____

Premeds
☐ No premeds necessary
☐ Acetaminophen (Tylenol) ☐ 500mg / ☐ 650mg / ☐ 1000mg PO
☐ Diphenhydramine (Benadryl) ☐25mg – ***OR*** – ☐50 mg ☐ PO or ☐ IV
☐ Solu-Cortef 100 mg IV
☐ Other: _____

Monitoring
Clinic will monitor for signs and symptoms of anaphylactic and hypersensitivity reactions.
Monitor blood pressure prior, during, and after infusion.

Reaction Protocol
For infusion related reactions, clinic protocols will be followed.

Ordering provider _____ **Office Number** _____

Provider signature _____ **Date** _____

NCH provider co-signature (if required): _____ **Date** _____

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REQUIRED DOCUMENTATION

FAX to (603)-326-5971

Clinical / Progress Notes, supporting primary diagnosis: (AVH to validate necessity of IV treatment)

- Chart Summary
- Medication/Allergy List
- Documentation of inadequate response or intolerance to oral iron therapy

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Most Recent **Labs**:

- CMP and CBC
- Hemoglobin/Hematocrit w/in last 30 days
- Other iron studies as available: Serum iron, (TIBC) total iron binding capacity, serum ferritin and transferrin saturation within last 30 days.

Prior Authorization: (when required)

-Services cannot be scheduled until a valid prior authorization is obtained by the ordering provider