GREATER BOSTON INFUSION CENTER
17/19 Kendrick St, Wrentham, MA 02093
P 774-581-0032 | F 774-581-0033

Intravenous Immunoglobulin - Referral Checklist

Referral packet checklist Complete this page and attach the supporting items below.

PATIENT & REFERRING PROVIDER

PATIENT NAME | DOB | DATE

REFERRING PROVIDER | NPI | DIRECT CONTACT / EXT.

OFFICE / PRACTICE | PHONE | FAX

EMAIL | URGENT CLINICAL CONTACT

REQUIRED REFERRAL PACKET

- [ ] Patient demographics and contact information
- [ ] Primary and secondary insurance information; front/back card copies
- [ ] Supporting clinical notes / office visits documenting Intravenous Immunoglobulin treatment plan
- [ ] Current medication list and allergies
- [ ] Relevant laboratory results / imaging and baseline safety information
- [ ] Completed Intravenous Immunoglobulin prescribing order (following page)

MEDICATION-SPECIFIC CLINICAL DOCUMENTATION

- Note should include any therapies tried/failed, and must include discussion about IVIG
- Medication list and allergies
- Baseline: CBC w diff, CMP
- Recommended baseline: IgA antibody, IgG trough, blood viscosity

GBIC INTERNAL USE

REFERRAL RECEIVED | BENEFITS VERIFIED | PA STATUS / THROUGH | SCHEDULED

Prescribing Order - Intravenous Immunoglobulin (IVIG)

☐ New Start ☐ Maintenance DATE OF LAST DOSE / INFUSION

ORDER DETAILS

DATE OF ORDER | PATIENT NAME | DOB | M/F

DIAGNOSIS / ICD-10 ☐ NKDA PATIENT WEIGHT

ALLERGIES

PREMEDICATIONS

- ☐ Acetaminophen 1000mg PO
- ☐ Loratadine 10mg or Cetirizine 10mg PO
- ☐ Diphenhydramine 25mg PO
- ☐ Diphenhydramine 25mg IV
- ☐ Solu-medrol 125mg IV
- ☐ Other

LAB ORDERS

- ☐ CBC w/diff every
- ☐ CMP every
- ☐ Other

Prescribing Order - Intravenous Immunoglobulin (IVIG) (continued)

IVIG MEDICATION ORDER: IVIG PRODUCT MAY BE SELECTED BASED ON AVAILABILITY OR INSURANCE PREFERENCE. I

determined by IVIG product manufacturer guidelines and patient tolerance.

Dosing: ❑

gm/kg/day ❑ _____ gm/day

Frequency: ❑ Daily x

days ❑ Every _____ weeks ❑ Other: _____

ADMINISTRATION & MONITORING

- ✓ Do not infuse if patient showing signs or symptoms of renal dysfunction.
- ✓ Administer IVIG undiluted per medication guidelines.
- ✓ In case of infusion reaction, STOP infusion and follow GBIC infusion reaction protocol. Notify physician.
- ✓ Signature Date

PROVIDER AUTHORIZATION

ORDERING PROVIDER NAME | **NPI** | **DATE**

SIGNATURE | **OFFICE PHONE / EXT.**

Handwritten or compliant electronic signature