



<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL <b>KUMED</b> 3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  <b>DT0017</b>	<p>PATIENT LABEL</p>
<b>PHYSICIAN'S ORDER FORM</b>		

DATE & TIME	#	ORDERS
		<b>INTRAVENOUS HEPATITIS B IMMUNE GLOBULIN (HBIG)</b>
		<b>Reference:</b> Watson Pharma Inc., a subsidiary of Watson Pharmaceuticals Inc., December 2004.
		<b>Order Initiation Date:</b> _____ (Expires 6 months from initiation date)
		<b>Patient Weight:</b> _____ kg
	1.	Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____
	2.	<b>Diagnosis:</b> <b>ICD 9Code:</b>
	3.	<b>Indications:</b> For liver transplant patients and for Hepatitis B patients (use ICD-9 Code: 070.30) with Hepatitis B Antibody level less than 500 units/mL. if less than a year out or less than 100 units/mL and more than 1 year out from transplantation.
	4.	<b>Allergies:</b>
	5.	<b>Nursing: IV</b> <ul style="list-style-type: none"> <li>• Obtain patient's VS prior to, every hour during, and 15 minutes after end of infusion.</li> <li>• Obtain blood glucose prior to and at the end of infusion.</li> <li>• Assess for any medication reaction after the last HBIG infusion</li> <li>• Place 22 guage or 24 gauge IV and saline lock.</li> <li>• Do not administer any other medications concurrently with HBIG infusion.</li> </ul>
	6.	<b>Pre-Medications orders:</b> <input type="checkbox"/> Acetaminophen (Tylenol) 650mg po 30 minutes prior to the infusion. <input type="checkbox"/> Diphenhydramine (Benadryl) 50mg IV 30 minutes prior to the infusion.
	7.	<b>IV fluids:</b> <ul style="list-style-type: none"> <li>• Flush IV site with 10 mL NS prior to initiating and at the completion of the HBIG infusion</li> </ul>
	8.	<b>Medications:</b> <input type="checkbox"/> Intravenous Hepatitis B Immune Globulin (HBIG) 10,000 units IV q _____ X 6 months. (Adult Liver Transplant recommended dosage: 10,000 units in 250mL Normal Saline IV TRO 4 hours).
	9.	Call Physician _____ Pager _____ <b>IF:</b> <ul style="list-style-type: none"> <li>• Temperature &gt;38.5 C</li> <li>• Pulse &lt;60 or &gt;120 BPM</li> <li>• Respirations &lt;12 or &gt;35 Breaths per minute</li> <li>• SaO<sub>2</sub> &lt;92% or increased O<sub>2</sub> needs</li> <li>• SBP &lt;90 or &gt;160; DBP &lt;50 or &gt;100; MAP of 60</li> <li>• FSBS &lt;60 or &gt;300 mg/dL</li> <li>• S/S of ACUTE TOXICITY: staggering, ataxia, increases in respiratory rate, tremor, and convulsions.</li> </ul> <p><b>STOP the infusion immediately, administer reaction management medications, call rapid response/code team as appropriate, and page the physician for any new onset of the following life threatening hypersensitivity reaction to include diaphoresis, nausea, vomiting, severe low back pain, dyspnea with wheezing for 20 minutes.</b></p>
	10.	<b>Reaction Management:</b> <ul style="list-style-type: none"> <li>• Acetaminophen (Tylenol) 650mg Q 4 hours prn fever greater than 38.5C.</li> <li>• Diphenhydramine (Benadryl) 25 mg IV Q 4 hours prn urticaria, pruritus, or shortness of breath.</li> <li>• Oxygen by nasal cannula 2 L/hour prn chest pain or dyspnea.</li> <li>• Methylprednisolone (Solumedrol) 125mg IV X 1 for signs of anaphylaxis (dyspnea/worsening edema).</li> <li>• If symptoms are <u>rapidly progressing</u> or <u>continue</u> after the diphenhydramine, give epinephrine (1:1000 strength) 0.3 mL subcutaneous. May repeat every 10-15 minutes, if needed, to maximum of 6 doses. (The EpiPen is 0.3 mL IM to be administered in the thigh.)</li> </ul>
	11.	DC IV and discharge home.

Physician Signature: \_\_\_\_\_ Pager: \_\_\_\_\_

**INTRAVENOUS HEPATITIS B IMMUNE GLOBULIN (HBIG)**