

INFUSION SUITE		IMAAVY INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301 Phone: 970-828-3500 Fax: 970-828-3501			
PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10 / Diagnosis:		Height:	
Allergies / Hypersensitivities:		Weight (kg):	
		*Weigh patient at each visit	
REQUIRED CLINICAL DOCUMENTATION			
<input type="checkbox"/> Anti- AChR antibody or Anti- MuSK antibody			
Additional labs:			
<input type="checkbox"/> Insert IV		<input type="checkbox"/> Access Port/PICC	
PREMEDICATIONS 30 minutes prior to starting			
<input type="checkbox"/> Acetaminophen:	<input type="checkbox"/> 325mg PO X1	<input type="checkbox"/> 500mg PO X1	<input type="checkbox"/> 650mg PO X1 <input type="checkbox"/> 1000mg PO X1
<input type="checkbox"/> Diphenhydramine:	<input type="checkbox"/> 25mg IV X1	<input type="checkbox"/> 25mg PO X1	<input type="checkbox"/> 50mg IV X1 <input type="checkbox"/> 50mg PO X1
<input type="checkbox"/> Solumedrol:	<input type="checkbox"/> 40mg IV X1	<input type="checkbox"/> 100mg IV X1	<input type="checkbox"/> 125mg IV X1
<input type="checkbox"/> Antihistamine	<input type="checkbox"/> Cetirizine 10mg PO X1		<input type="checkbox"/> Loratadine 10mg PO X1
<input type="checkbox"/> Additional PRN:			
IMAAVY ORDERS			
<input type="checkbox"/> Initial: 30mg/kg IV in _____ NS once over 30 minutes X _____			
<input type="checkbox"/> Subsequent (two weeks after initial): 15mg/kg IV in _____ NS over 15 minutes X _____			
POST INFUSION			
<input type="checkbox"/> Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
<input type="checkbox"/> Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
<input type="checkbox"/> Discharge home following 30 minute observation			
<input type="checkbox"/> Discharge home without observation			
Referring Provider Printed:			
Referring Provider Signature:		Date:	
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

**Infusion Directions:**

- Calculate the total dosage and drug volume of Imaavy and the number of vials needed based on patients weight
- Gently withdraw the calculated volume of Imaavy from the vials. Discard any unused portion of the vials.
- Dilute total volume withdrawn by adding to an infusion container containing 0.9% NS to a final volume of:  
250 mL for patients who weigh 40 kg or more **OR** 100 mL for patients who weigh less than 40 kg.
- Gently invert the container at least 10 times to mix the solution. Do not shake.
- Administer using filter tubing over at least 30 mins for the initial dose and at least 15 mins for subsequent doses.