



Crescent Healthcare, Inc.

Santa Fe Springs (Chronic); (877) 872-4844 Fax: (866) 872-4844

Immune Globulin Prescription - Neurology / Rheumatology / Dermatology

Date: 4-29-11 From: JOY
 To: Phone Number: X
 Fax: 702-247-1295 Phone: 702-247-9994 Number of Pages, Including Cover:
 Patient Name: CARL ERICSON Patient Phone Number: 702-538-3426 DOB: 11-6-61
 Diagnosis: STIFF PERSON SYNDROME ICD-9: 333.91

In order to service your patient and facilitate insurance authorization, please complete the prescription section and fax back along with the information below.

Patient demographics, including insurance information. We will obtain authorization unless the insurance dictates otherwise.
 Labs - BUN/creatinine (preferred within last 90 days) and IgA level (needed for appropriate product selection)
 Medications / therapies tried and failed
 Nerve Conduction Study results, including velocities
 Biopsy results (as appropriate): nerve, muscle or skin
 Electromyography (EMG) results
 CSF studies
 Baseline neurological assessment, including detailed patient symptoms
 Other: _____

Immune Globulin Prescription: (complete one side or the other)

IVIG _____ gm OR 0.4 gm/kg Biopsy results (as appropriate): nerve, muscle or skin
OK to round to nearest vial size. IVIG _____ gm/kg over _____ days
OK to round to nearest vial size.
 Frequency: X 5 consecutive days

Repeat course every: 1 month +/- 4 days to allow scheduling flexibility Decline
 # of courses: X 1 OR refill x _____ (length of time)

Multiple doses in a course may be administered on (check one):
 consecutive or non-consecutive days consecutive days only non-consecutive days only

Crescent-Recommended Orders:

- Acetaminophen 325 mg: 2 tabs (650 mg) PO pre-IVIG prn; may repeat every 3 hours prn (max 12 tabs/day). Decline
- Antihistamine: Diphenhydramine 25 mg PO pre-IVIG prn; may repeat every 3 hours prn (max 4 tabs/day). Decline
 May give loratadine 10 mg PO pre-IVIG prn if excessive drowsiness from diphenhydramine. Decline
- If no current renal function lab results, draw BMP with first dose.
- Anaphylaxis kit orders (epinephrine auto-injector, diphenhydramine oral/injectable) per Crescent protocol.
- If applicable, flush intravenous access device per Crescent protocol: →
- When appropriate, first dose may be administered in the home/alternate care setting.
- When appropriate, skilled nurse to administer IVIG and medication(s).
- When appropriate, infusion pump to administer IVIG.
- Supplies as appropriate to administer therapy.
- Refill medications x 1 year.

Venous Access	NS	Heparin 100 u/ml
Peripheral	1 - 3 ml before/after use	1 - 3 ml before/after last NS
Midline, Central (Non-Port), PICC	3 - 5 ml before/after use 5 - 10 ml after blood draw	3 - 5 ml before/after last NS
Implanted Port	5 - 10 ml before/after use 10 - 20 ml after blood draw	5 ml before/after last NS
Groshong PICC, Midline	5 - 10 ml before/after use 10 - 20 ml after blood draw	None

Other Orders:

Prescriber Signature: [Signature] NPI#: 1568429132
 Printed Name: LISA D. COHEN M.D. Date: 4-29-11

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