Patient:			
DOB:			
Date			
Weight	kσ		

## IVIG Monthly (1gm/kg) Infusion Protocol

- 6. Obtain weight and check VS q 15 minutes during first hour of infusion, then q 30 min. over 2<sup>nd</sup> hour, then q1 hour for remainder of infusion.
- 7. For acute hypotension and/or anaphylaxis give:
  - a. Benadryl 50 mg IV
  - b. Decadron 1mg IV prn
  - c. NaCl 0.9% 100 ml IV prn
  - d. EpiPen Jr. SQ for anaphylaxis
- 8. For elevated Bp (systolic >150 and diastolic > 96) stop infusion and run D5½NS at 30cc/hr until Bp decreases, and then resume IVIG infusion.
- 9. Give Decadron 1 mg IV slow push post IVIG infusion, continue giving IV fluids for one additional hour, recheck VS and if stable discontinue IV for discharge.

The National Pediatric Myoclonus Center disclaims all liability in connection with the use of medical information contained in this protocol and website. Important decisions about treatment must be made by individuals with their health care providers. The National Pediatric Myoclonus Center is available for referrals and consultations.

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