

Provider Communication

	Interval	Defer Until	Duration
<input type="checkbox"/> Provider communication Contraindicated in patients with IgA deficiency.	Once	S	1 treatment
<input type="checkbox"/> Provider communication Patient must be Rh (+) and have a functioning spleen.	Once	S	1 treatment
<input type="checkbox"/> Provider communication Decrease dose to 25-40 mcg/kg if Hgb < 10 gm/dL.	Once	S	1 treatment

Nursing Orders

	Interval	Defer Until	Duration
<input type="checkbox"/> Vital signs - T/P/R/BP Per Unit Protocol Observe patient for at least 20 minutes following administration.	Once	S	1 treatment
<input type="checkbox"/> Nursing communication Call MD if patient experiences back pain, shaking, chills, edema, dyspnea, fever, or discolored urine.	Once	S	1 treatment
<input type="checkbox"/> Nursing communication Tell patient to call MD after leaving if they experience any of the above symptoms within 4 hours of infusion.	Once	S	1 treatment
<input type="checkbox"/> Nursing communication Please infuse at a rate of 2mL every 15 to 60 seconds.	Once	S	1 treatment

Medications

	Interval	Defer Until	Duration
<input type="checkbox"/> rho(D) immune globulin-maltose (WINRHO) 1,500 unit/1.3 mL injection 1,500 Units, intravenous, once, Starting S, For 1 Doses Please infuse at a rate of 2mL every 15 to 60 seconds.	Once	S	1 treatment