

Patient: Dx: Opsoclonus 379.59  
Myoclonus 333.2  
DOB:  
Date of Admission:  
Weight: Time of Onset: \_\_\_\_\_:\_\_\_\_\_ a.m./p.m.  
(to be completed by nurse)

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

1. Diet regular .
2. Obtain weight.
3. Activity: bedrest or quiet play while IVIG infusing with BRP.
4. Insert and maintain peripheral IV line for IVIG infusion.
5. Fifteen minutes prior to onset of IVIG infusion pre-medicate patient with:
  - Benadryl 1.5mg/kg or \_\_\_\_\_mg (maximum 25 mg) IV slow push. *Give half the dose initially, if tolerated after 15 minutes may give second half of dose.*
  - Acetaminophen elixir 15mg/kg or \_\_\_\_\_ mg (maximum 1000 mg) PO, and
  - Decadron 1mg IV slow push.
6. IVIG 1 gm/kg or \_\_\_\_\_gm to infuse slowly over 6 hours. Divide total volume by 6 hours to calculate infusion rate in mL/hr.
7. 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.
8. For acute hypotension and/or anaphylaxis give:
  - a. Benadryl 1.5mg/kg (maximum 25 mg) IV
  - b. Decadron 1mg IV prn
  - c. NaCl 0.9% 100 ml IV prn
  - d. EpiPen Jr. IM for anaphylaxis
9. For elevated BP (systolic >150 and diastolic > 96) stop infusion and run D5 $\frac{1}{4}$ NS at 30cc/hr until BP decreases, and then resume IVIG infusion.
10. Give Decadron 1 mg IV slow push post IVIG infusion.
11. Following the IVIG infusion, give D5 $\frac{1}{4}$ NS at 50cc/hr for one additional hour, recheck VS and, if stable, discontinue IV and discharge patient.

*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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