



# Immunoglobulin Treatment for Myasthenia Gravis

## Clinical Documentation

- ☐ ICD 10: \_\_\_\_\_ ☐ Date of Diagnosis: \_\_\_\_\_
- ☐ History & Physical
- ☐ MG exacerbation dictated in progress notes or a letter of medical necessity

## Labs

- ☐ BUN/Creatinine
- ☐ MuSK antibody test
- ☐ Acetylcholine receptor antibody test (AChR)

## Current Symptoms

- ☐ \*EXACERBATION\*
- ☐ Double/Blurred vision ☐ Weakness ☐ Fatigue
- ☐ Difficulty Swallowing ☐ Shortness of Breath
- ☐ OTHER Description: \_\_\_\_\_

## Current and Past Medications

- ☐ Rituximab ☐ Azathioprine ☐ Mycophenolate Mofetil ☐ Pyridostigmine ☐ Steroids
- ☐ Acetylcholinesterase Inhibitors ☐ Plasmapheresis ☐ IVIg

## Surgeries

Thymus removal: ☐ YES ☐ NO If yes, date: \_\_\_\_\_

## Testing

- ☐ EMG/NCS ☐ MRI/CT ☐ Pulmonary Function Test
- ☐ OTHER Description: \_\_\_\_\_

First Dose? ☐ Yes ☐ No If yes, date: \_\_\_\_\_

☐ ORDER/Plan of Treatment: \_\_\_\_\_