Patient Identification Label	Penn Medicine Chester County Hospital **Physician Casirivimab-imdevimab Orders**

Patient Name:	**Date of Birth:**
Allergies:	**Weight:**
****Infusion must be administered within 10 days of symptom onset****	**Date of symptom onset:**

Criteria for Use of SARS-CoV-2 Monoclonal Antibodies (SCMA):

Inclusion Criteria – ***Must Have at Least One***

□ Post-exposure prophylaxis of COVID-19 in individuals who are at high risk for progression to severe disease

OR

□ Positive SARS-CoV-2 PCR or antigen test

□ Symptoms attributable to COVID-19

***At least one of the following*:**

□ Age ≥65 years

□ Body mass index ≥25

□ Pregnancy

□ Diabetes mellitus

□ Hypertension

□ Chronic kidney disease

□ Cardiovascular disease (including congenital heart disease, coronary artery disease, and cardiomyopathy)

□ Chronic lung diseases (including chronic obstructive pulmonary disease, moderate-severe asthma, interstitial lung disease, cystic fibrosis and pulmonary hypertension)

□ Immunosuppression*

□ Sickle cell disease

□ Neurodevelopmental, genetic, severe congenital, or metabolic disorders

□ Technological dependence (including tracheostomy and enteric feeding tube)

Exclusion Criteria – ***Must NOT Meet Any of These***

□ Age <18 years

□ Admitted to hospital due to COVID-19

□ Requiring new or increased supplemental oxygen for COVID-19 or SpO2 ≤93%

□ Previously received SCMA

□ Enrolled in SCMA clinical trial

□ Currently enrolled in hospice

* Immunosuppressive condition (hematologic malignancy, metastatic cancer, asplenia or functional asplenia, HIV w/ CD4 <200, or other congenital or acquired deficits of humoral or cell-mediated immunity) **OR** medication (steroid equivalent of prednisone ≥20 mg/day for >14 days, chemotherapy within past 3 months, calcineurin inhibitor, anti-proliferative agent, mT or inhibitor, tumor necrosis factor alpha inhibitor, or anti-B-cell antibody)

DIAGNOSIS

☑ COVID-19 (ICD-10 Diagnosis Z23)

☑ Infusion of Monoclonal Antibodies (ICD-10 Diagnosis U071)

TREATMENT

Casirivimab-imdevimab (EUA) 600/600 mg as a single intravenous infusion over at least 1 hour
600 mg intravenous, administer over 60 minutes, Once, 1 dose. Starting when released. Administer diluted infusion over at least 60 minutes via polyvinylchloride (PVC) infusion set containing a 0.20/0.22 micron in-line polyethersulforne (PES) filter. Once infusion is complete, flush the line. Clinically monitor patient during infusion and observe patient for at least one hour after infusion is complete.

OR

Casirivimab-imdevimab (EUA) 600/600 mg subcutaneously, Once
600/600 mg subcutaneously, Once. Starting when released. Clinically monitor patient during injection and observe patient for at least one hour after injection.

POSTMEDICATION

Sodium chloride 0.9% flush bag 30 mL
30 mL, intravenous, once, 1 dose, starting when released

PRN EMERGENCY MEDICATION

Hydromorphone 0.2 mg/mL injection 0.4 mg
0.4 mg, intravenous, once PRN, starting when released, until discontinued, rigors
HIGH ALERT MEDICATION

Acetaminophen tablet 650 mg
650 mg, oral, once PRN, starting when released, until discontinued, fever

Nursing Instructions:
If patient is having an anaphylactic reaction – first-line therapy is epinephrine; all other therapies are adjunctive therapies only.

Add supplemental oxygen: 4 – 8L/min PRN for anaphylaxis

Sodium chloride 0.9% infusion
500 mL/hr, intravenous, once PRN, starting when released, until discontinued, start fluids at 500 ml/hour. Titrate as needed. For sequential allergic algorithm management.

Diphenhydramine 50 mg/mL injection 25 mg
25 mg, intravenous, once PRN, starting when released, until discontinued, may repeat once. Sequential allergic algorithm management. May repeat one time. Intravenous administration of up to 100 mg undiluted should be given at a rate of 25 mg/min.

Famotidine 20 MG/2ML injection 20 mg
20 mg, intravenous, administer over 15 minutes, once PRN, starting when released, until discontinued. Sequential allergic algorithm management, at 8 mL/hr. Sequential allergic algorithm management.

Methylprednisolone sodium succinate injection 130 mg
130 mg (rounded from 131.1 mg = 1 mg/kg x 131.1 kg treatment plan recorded weight), intravenous, once PRN, starting when released, until discontinued. For sequential allergic algorithm management. May repeat one time – dosing can be 1-2 mg/kg; intravenous administration of up to 125 mg should be given over 1-2 minutes.

Epinephrine PF 1 MG/ML injection 0.3 mg
0.3 mg, intramuscular once PRN, starting when released, until discontinued, sequential allergic algorithm management. Give subcutaneous or intramuscular to anterior thigh every 15 minutes for a total of three doses.
HIGH ALERT MEDICATION.

Albuterol (5 mg/mL) 0.5% nebulizer solution 2.5 mg
2.5mg, nebulizer, once PRN starting when released, until discontinued, sequential allergic algorithm management. May repeat one time.

PRN EMERGENCY MEDICATION
(Continued)

Albuterol inhaler 4 puff
4 puff, inhalation, once PRN, starting when released, until discontinued, if wheezing, stridor or dyspnea, administer 4-8 puffs every 20 minutes up to 4 hours then follow up with 2 puffs every 4 hours. Sequential allergic algorithm management. Shake well. Give 4 to 8 puffs every 20 minutes, up to 4 hours. Follow up with 2 puffs every 4 hours.

Physician Signature	Printed Name	Date	Time

****This order form will not be accepted unless signed, dated and timed****

This order form WILL NOT be accepted unless the signed Informed Consent for Casirivimab-imdevimab Emergency Use Authorization is sent with this order form.

Please fax this order form along with the signed consent to: 215-893-4169.