



STAT

STAT =
medically
urgent &
necessary

Allergies

DO NOT USE FELT TIP PEN
FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED.

Casirivimab and Imdevimab should be administered as soon as possible after positive viral test for SARS-CoV-2 and within 7 - 9 days of symptom onset in adults and pediatric patients 12 years of age and older weighing at least 40 kg who are at high risk for progressing to severe COVID-19 and/or hospitalization.

High risk is defined as patients who meet at least one of the following criteria (please select):

- Are ≥65 years of age
- Body mass index (BMI) ≥35
- Are 12 - 17 years of age AND have BMI ≥85th percentile for their age and gender based on [CDC growth charts](#)
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease
- Are currently receiving immunosuppressive treatment
- Cardiovascular disease
- Hypertension
- Sickle cell disease
- Chronic obstructive pulmonary disease/other chronic respiratory disease.
- Congenital or acquired heart disease
- Neurodevelopmental disorders, for example, cerebral palsy
- amedical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)

In addition, please provide the following:

Symptom Onset Date: _____
MM/DD/YYYY

Attach Positive Lab Result

Casirivimab and Imdevimab should **not** be used in patients hospitalized with severe COVID-19 respiratory disease.

Date: _____ Name: _____
(OUTPATIENT 'tentative' INFUSION DATE) (ORDERING PHYSICIAN NAME)

INDICATIONS: Indicated for the treatment COVID-19

DOSING & DILUTION CHART:

→ Dilute all doses mixed in **0.9% sodium chloride 250ml**

Medication	Dose (mg)	Number of Vials	IV Fluid	Total Volume	Infusion Rate and Duration
Casirivimab	1200mg	1 of 11.1 ml or 4 vials of 2.5 ml	Both vials mixed together in 0.9% sodium chloride 230 ml	250 ml	Infused over 60 minutes
Imdevimab	1200mg	1 of 11.1 ml or 4 vials of 2.5 ml			

- DO NOT infuse other medications through the same IV line → Infusion must be completed within 7 hours of preparation
- After infusion is completed, flush line with 20 mL of normal saline
- Infuse using standard IV tubing with in-line, non-pyrogenic, low-protein-binding filter (pore size 0.2 microns to 0.22 microns)

IV ACCESS: (check one): Monitor insertion site and maintain tubing, dressing and cap changes per hospital standard.
 Start peripheral line

VITAL SIGNS: Baseline, then at infusion completion (Monitor for drug reactions each time)

MANAGING INFUSION RELATED EVENTS: *Adult:* DiphenhydrAMINE (Benadryl) 50 mg IV PRN Infusion reaction
 Methylprednisolone (Solumedrol) 40 mg IV PRN infusion reaction (IV slow push over several minutes)

For Hypersensitivity (mild-moderate): Stop infusion and notify physician for further orders Monitor vital signs every 15min
 If infusion is stopped and then restarted, resume at 10mL/hr and follow rate advance per physician's directions.

For Anaphylaxis: Stop infusion and notify physician **Epinephrine (1:1,000 = 1mg/mL)** → Pt. Wt. **0-15 kg** = _____ mL (0.01mL/kg) **IM Once** PRN Anaphylaxis
 At MWH → Initiate Code (Dial 55) ; **At SH** → Initiate Code (Dial 55) -----(PER PATIENT WEIGHT)----- → Pt. Wt. **15-29 kg** = **0.15 mg** (0.15 mL) **IM Once** PRN Anaphylaxis
 Monitor vital signs every 15 minutes → Pt. Wt. **30 kg or more** = **0.3 mg** (0.3 mL) **IM Once** PRN Anaphylaxis

DISCHARGE: If NO Signs and Symptoms of reaction, discharge **60 minutes** after infusion completion

Scanned: _____			
Clerical Associate: _____	Date	Time	Physician Signature
RN/LPN: _____			



M D 4 5 7 0



**Casirivimab REGN10933 and Imdevimab REGN 10987
Outpatient Infusion Order Set**

Patient Identification: