

Infusion Clinic Order Form

Monoclonal Antibody Therapy for Pre-Exposure Prophylaxis



PATIENT INFORMATION

Patient Name: _____ DOB: _____

Date: _____ Allergies: _____

Follow-up Provider (if different than ordering provider): _____

Diagnosis and ICD-10: 1.) _____ 2.) Z29.8 3.) Z23

Is the patient in a SNF? No Yes

ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

DOSE:

Tixagevimab 300mg IM and cilgavimab 300mg IM ONCE.

Qualification/requirements to receive monoclonal antibody therapy for pre-exposure prophylaxis at Salem Health (if ANY of the following are not answered, the order cannot be processed. For statements allowing for only one yes/no answer, that is the ONLY approved answer to that statement.): Place X inside box for all that apply

Does the patient currently have COVID symptoms? YES NO (If the answer is YES, the patient cannot receive this treatment)

Does the patient currently have a recent (within the last 7 days) exposure to an individual infected with COVID? YES NO (If the answer is YES, the patient cannot receive this treatment)

Which of the following does the patient have? (choose one)

- Inability to tolerate a COVID vaccine due to severe allergic reaction or allergy
- Moderate to severe immune compromised and may not mount an adequate immune response to COVID-19 vaccination

Condition, Medication or Treatment leading to immune compromise

- Active treatment for solid tumor or hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200mm³, history of AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., =20mg prednisone equivalent/day for >= 2 weeks, tumor-necrosis (TNF) blockers, & other immunosuppressive/immunomodulatory biologic agents (e.g., B-cell depleting agents).
- Active treatment with alkylating agents, antimetabolites, severely immunosuppressive cancer chemotherapy or transplant-related immunosuppressive drugs.

The patient must also meet ALL of the following criteria:

- Age 12 years or older
- The patient weighs at least 40kg

I have discussed with the patient the contents of the Fact Sheet for Patients, Parents and Caregivers before the patient has received the injection. YES

I have informed the patient that this drug is experimental, and of the risks and benefits of alternative medications/therapies? YES

The patient has given verbal consent to receive COVID antibody therapy? YES

- Give tixagevimab 300mg + cilgavimab 300mg (Evusheld) via IM injection

Pre-meds (drug, dose, and route): (Select ONLY those that apply)

* Patients should be instructed to take oral medications ½ hour before appointment*

Diphenhydramine (check one) 25mg IV 50mg IV If not already taken orally prior to arrival

Tylenol 650 mg PO if not already taken prior to arrival

Ondansetron 4mg IV PRN Nausea

Dexamethasone IV _____ mg

Other (drug, dose, route and frequency)

Frequency of Pre-medication ONCE

salemhealth.org

Infusion

Appointment line: 503-814-8210

Fax: 503-814-1465

Clinic Hours:

(M-F: 8 a.m. - 4:30 p.m., Hours may vary based on patient volume)

Sat-Sun & Holidays: CLOSED. May open based on community need.)

PATIENT LABEL

Infusion

Monoclonal Antibody Therapy for Pre-Exposure Prophylaxis



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Patients with central line access:

Select one: Patient has a PICC Implanted port Other CVAD Patient does not have a CVAD

- Central line care per Salem Health CVAD Access Policy. (*Lippincott*). May use alternative dressing or cleanser for skin breakdown.
 - Alteplase per Salem Health Central Venous Access Device de-clotting (*Lippincott*) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow
 - 1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (*occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.*) Notify Physician or Provider if implemented
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- Notify physician if infusion NOT given or patient is a 'No Show' for his or her appointment.
-
- Follow SH Infusion reaction protocol for symptom of infusion reaction. Notify provider if implemented

Provider Signature

Provider Printed Name

Date: