

Patient Name:		
Birthdate:	Age:	Sex:
Patient ID/MRN:	Phone:	

Consult/Referral to COVID Monoclonal Antibody Prevention Medication

Associated Diagnosis: Encounter for Other Specified Prophylactic Measures [Z29.8]
 Personal history of immunosuppression therapy [Z92.25]
 Primary

Order Date and Time: _____

Preferred Infusion Center: _____

Monoclonal Antibody Infusion Order:

Tixagevimab 300mg/3ml – Cilgavimab 300mg/3ml (EVUSHELD)

Each EVUSHELD carton contains two vials: One Cilgavimab and One Tixagevimab

Two cartons are needed for the recommended dose.

Administer Cilgavimab and Tixagevimab as TWO separate, consecutive intramuscular (IM) injections, 1 injection of Tixagevimab and 1 injection of Cilgavimab. Withdraw 3ml Cilgavimab and 3ml Tixagevimab solution into TWO separate syringes. Administer the two components of EVUSHELD consecutively. Administer the IM injections at different injection sites, one after the other in the gluteal muscles.

Cilgavimab 300mg IM Once (150mg/1.5ml IM Solution per vial)

Tixagevimab 300mg IM Once (150mg/1.5ml IM Solution per vial)

- Rescue Medication:** Acetaminophen 1000 mg PO once PRN for age 18 and older (fever, chills, pain, or headache)
- Rescue Medication:** Acetaminophen 650 mg PO once PRN for ages 12-17 (fever, chills, pain, or headache)
- Rescue Medication:** Diphenhydramine 50 mg PO once PRN (itching, rash, hives, flushing)
- Rescue Medication:** Famotidine 20 mg PO once PRN (itching, rash, hives, or flushing)
- Rescue Medication:** Albuterol 90 mcg/inh MDI 2 puffs once PRN (SOB, wheezing, chest tightness)
- Rescue Medication:** Methylprednisolone 60mg IM once for age 18 or older PRN (SOB, wheezing or chest tightness)
- Rescue Medication:** Methylprednisolone 2mg/kg(max 125mg) IM once for ages 12-17 PRN
- Rescue Medication:** Epinephrine 0.3 mg IM once into anterolateral thigh PRN (anaphylaxis)
- Rescue Medication:** 500 mL lactated ringer IV bolus once PRN infuse over 30 minutes (hypotension)
- Rescue Medication:** Oxygen via NC prn for shortness of breath or O2 saturation <90%, titrate up to 6 liters to keep O2 Saturation > 90%

Ordering Provider: _____ **Lic #:** _____ **NPI:** _____

Authorizing Physician Electronic Signature