

Patient Name:

DOB:

CASIRIVIMAB + IMDEVIMAB SUBQ FLOWSHEET

Date of Service:	Supervising Provider:	
Place of Service:		
Check to indicate the following requirements have been met:		
<input type="checkbox"/> Patient ID confirmed	<input type="checkbox"/> Valid order received	<input type="checkbox"/> Check-in forms completed
<input type="checkbox"/> Patient/Caregiver has received and reviewed Fact Sheet for Patients and Parents/Caregivers		

Pre-Infusion Assessment					
Is patient experiencing any of the following emergency warning signs?					
If yes, initiate supportive treatment as appropriate (e.g. supplemental oxygen) and notify supervising provider and/or activate emergency response system per facility protocol.					
Chest pain/pressure	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Lethargy	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Oxygen sat less than 94% on RA	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Tachypnea (RR > 30)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
New-onset confusion	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Cyanosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes






Baseline Vital Signs						
Time	BP (mmHg)	HR (bpm)	RR (per min)	O2 sat (%)	Temp (°F)	Staff initials
(PRN)						
(PRN)						

Notes:

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⚠ Medication Safety Alert: Dose supplied in 1332 mg/11.1 mL vials exceeds dose authorized under EUA; Waste required if preparing a single patient dose.

Medication Preparation				
(use Additional Notes/Orders page if needed)				
Vial Combination	Drug	Dose/ Volume	Lot Number	Exp. Date
<i>Example</i>	<i>Casirivimab (REGN 10933) 1332 mg/11.1 mL</i>	<i>600 mg/5 mL</i>	<i>XYZ123</i>	<i>1/31/22</i>
	<i>waste</i>	<i>732 mg/6.1 mL</i>	<i>XYZ123</i>	<i>1/31/22</i>
 ⚠	Casirivimab (REGN 10933) 1332 mg/11.1 mL			
	Imdevimab (REGN 10987) 1332 mg/11.1 mL			
Drug		Dose/ Volume	Lot Number	Exp. Date
 ⚠	Casirivimab (REGN 10933) 1332 mg/11.1 mL			
	Imdevimab (REGN 10987) 300 mg/2.5 mL			
	Imdevimab (REGN 10987) 300 mg/2.5 mL			
Drug		Dose/ Volume	Lot Number	Exp. Date
 ⚠	Casirivimab (REGN 10933) 300 mg/2.5 mL			
	Casirivimab (REGN 10933) 300 mg/2.5 mL			
	Imdevimab (REGN 10987) 1332 mg/11.1 mL			
Drug		Dose/ Volume	Lot Number	Exp. Date
	Casirivimab (REGN 10933) 300 mg/2.5 mL			
	Casirivimab (REGN 10933) 300 mg/2.5 mL			
	Imdevimab (REGN 10987) 300 mg/2.5 mL			
	Imdevimab (REGN 10987) 300 mg/2.5 mL			
Drug		Dose/ Volume	Lot Number	Exp. Date
	Casirivimab/imdevimab 600 mg/600 mg/10 mL			
Time Prepared:		Staff initials:		

Patient Name: _____
 DOB: _____

Medication Administration

Time	Needle gauge/length	Site	Dressing	Patient response
<i>Example</i>	<i>27g 1/2"</i>	<i>Left lateral thigh</i>	<i>Adhesive bandage</i>	<i>Tolerated well</i>

Notes:

60-Minute Observation Period

Notes: _____

Arrival time in observation area (if applicable): _____

Staff initials: _____

Discharge

Departure vitals	BP (mmHg)	HR (bpm)	RR (per min)	O2 sat (%)	Temp (°F)
Time:					

Patient condition at discharge: Stable Unstable, see notes

Discharge Education Provided: Yes No, see notes

Disposition: Home Other (e.g. long term care facility):

Records Faxed to Prescriber? Yes No, see notes Staff initials: _____

