

Patient Name:

DOB:

## CASIRIVIMAB + IMDEVIMAB INFUSION FLOWSHEET

<b>Date of Service:</b>	<b>Supervising Provider:</b>	
<b>Place of Service:</b>		
<b>Check to indicate the following requirements have been met:</b>		
<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					
<b>Is patient experiencing any of the following emergency warning signs?</b>					
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:

Patient Name:

DOB:

**⚠ 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
Example	Casirivimab (REGN 10933) 1332 mg/11.1 mL	600 mg/5 mL	XYZ123	1/31/22
	waste	732 mg/6.1 mL	XYZ123	1/31/22
	⚠ 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			
	Diluent	Dose/ Volume	Lot Number	Exp. Date
	0.9% sodium chloride			
	<b>Time Prepared:</b>	<b>Staff initials:</b>		



