



PHYSICIAN ORDER SET :
TIXAGEVIMAB / CILGAVIMAB (EVUSHELD)

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Patient : _____ DOB: _____ Gender: _____
 Patient Phone : _____ Height: _____ Weight: _____ lb kg
 Diagnosis : _____ ICD-10 Code: _____
 Injection(s) Start Date: _____
 Provider Facility Name: _____ Provider Facility Address: _____
 Ordering Provider: _____ Order Date: _____
 Signature : _____

Complete, sign, and fax this document to: **CDH Central Scheduling at 413-582-2183.**

****Please include H&P/ current medications list/ allergies, and ensure that med authorizations have been obtained****

For Blood Transfusions, please ensure that signed consent has been obtained.

Criteria to Treat

	Dose	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> Criteria to Treat Routine, Once Starting when released EUA Shared Decision Note Documented By LIP		Once	S	1 treatment

Medications

	Dose	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> ID-tixagevimab emergency use authorization (EVUSHELD) syringe Intramuscular, Once, Starting at treatment start time	_____	Once	S	1 treatment
<input checked="" type="checkbox"/> ID-cilgavimab emergency use authorization (EVUSHELD) syringe Intramuscular, Once, Starting at treatment start time	_____	Once	S	1 treatment

Emergency Medications/Anaphylaxis

	Dose	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> Provider and Nurse Communication Routine, Once Starting when released Treatment of SEVERE reaction (ANAPHYLAXIS): hypotension, throat swelling, wheezing, respiratory distress, or decreased oxygen saturation. Stop the infusion and treat with epinephrine FIRST. Notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering adjunct HYPERSENSITIVITY medications as clinically indicated.		PRN	S	Until discont'd



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Emergency Medications/Anaphylaxis (continued)

	Dose	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> EPINEPHrine injection 0.3 mg 0.3 mg, Intramuscular, As needed, anaphylaxis, Administer FIRST for anaphylaxis. May repeat times 1 dose, Until Discontinued For 2 doses. Pharmacy's Suggested Dose Instructions; Epinephrine 1:1000 is equivalent to 1 mg/mL	.3 mg	PRN	S	Until discont'd
<input checked="" type="checkbox"/> sodium chloride 0.9% bolus 1,000 mL 1,000 mL, Intravenous, Once as needed, Hypotension, for 1 dose	1000 mL	PRN	S	Until discont'd
<input checked="" type="checkbox"/> Oxygen Therapy - Non-Rebreather No details available for preview		PRN	S	Until discont'd

Hypersensitivity

	Dose	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> Provider and Nurse Communication Routine, Until discontinued Starting when released Until Specified Treatment for mild-moderate infusion reaction: Stop the infusion, notify provider and emergency personnel, administer oxygen as needed, monitor vital signs and proceed with administering medications as clinically indicated. If ANAPHYLAXIS reaction, refer to Emergency Medications section.		PRN	S	Until discont'd
<input checked="" type="checkbox"/> albuterol 90 mcg/actuation inhaler 2 puff 2 puff, Inhalation, Once as needed, wheezing, shortness of breath/dyspnea, Starting when released, for 1 dose	2 puff	PRN	S	Until discont'd
<input checked="" type="checkbox"/> acetaminophen (TYLENOL) tablet 975 mg 975 mg, Oral, Once as needed, fever, Starting at treatment start time, for 1 dose	975 mg	PRN	S	Until discont'd
<input checked="" type="checkbox"/> diphenhydrAMINE (BENADRYL) injection 25 mg 25 mg, Intravenous, As needed, itching, hives. Begin with 25 mg. If patient has continued reaction, administer additional 25 mg, Starting when released, for 1 dose	25 mg	PRN	S	Until discont'd
<input checked="" type="checkbox"/> famotidine (PEPCID) injection 20 mg 20 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction Hold if: given as premed, for 1 dose	20 mg	PRN	S	Until discont'd
<input checked="" type="checkbox"/> cetirizine (ZyrTEC) tablet 10 mg 10 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction., Starting at treatment start time, for 1 dose HOLD IF: given fexofenadine.	10 mg	PRN	S	Until discont'd
<input checked="" type="checkbox"/> fexofenadine (ALLEGRA) tablet 180 mg 180 mg, Oral, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction., Starting at treatment start time, for 1 dose HOLD IF: given cetirizine.	180 mg	PRN	S	Until discont'd
<input checked="" type="checkbox"/> methylprednisolone sodium succinate (SOLU-Medrol) IV 40 mg 40 mg, Intravenous, Once as needed, Adjunct treatment for mild-moderate, or SEVERE reaction, for 1 dose	40 mg	PRN	S	Until discont'd
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) injection 4 mg 4 mg, Intravenous, As needed, nausea, vomiting, may repeat x 1 dose, for 2 doses	4 mg	PRN	S	Until discont'd



(Patient Sticker)

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	Dose	Interval	Defer Until	Duration
<input checked="" type="checkbox"/> meperidine (DEMEROL) injection 25 mg	25 mg	PRN	S	Until discont'd
25 mg, Intravenous, Once as needed, rigors, for 1 dose				

Version 2/28/2022