



Order Set – Downtime

- Apple Hill Surgical Center The Chambersburg Hospital Ephrata Community Hospital
- The Gettysburg Hospital The Good Samaritan Hospital of Lebanon Philhaven
- Waynesboro Hospital Wellspan Dr. Roy A. Himelfarb Surgery Center
- WellSpan Health and Surgery Center WellSpan Surgical and Rehabilitation Hospital
- WellSpan Surgical Center-Gettysburg WellSpan Surgery Center at Good Samaritan Hospital
- WellSpan Medical Group – Hospital at Home York Hospital

If label not available, please fill in below.

NAME: _____

DOB: _____

MRN: _____

Have a question? Call the appropriate infusion room: Ephrata: 717-721-4840, Gettysburg: 717-339-2666, Hanover: 717-356-4321, Lebanon: 717-274-8875, Waynesboro: 717-765-5045, York: 717-741-8637

When complete, fax orders to the appropriate room: Ephrata: 717-738-0769, Gettysburg: 717-339-3651, Hanover: 717-646-4231, Lebanon: 717-639-3954, Waynesboro: 717-765-3422, York: 717-741-8324

Diagnosis Code(s): _____

Allergies: _____

Evusheld Prophylaxis

Referral

Ambulatory referral for Evusheld prophylaxis Internal Referral

Nursing

Nursing communication: Once For 1 Occurrences
Specify: Monitor patient for 1 hour post injection

Medications

Order Questions (please circle each answer):

1. Is this patient currently infected with SARS-CoV-2 OR have a known recent exposure (within 14 days) to an individual infected with SARS-CoV-2? **YES NO**
If YES : Patient does not currently meet FDA criteria to receive this medication. Please stop and order when eligible.

2. Has the patient previously received a 300 mg dose of tixagevimab-cilgavimab (EVUSHELD)? **YES NO**
 - If YES, and <= to 3 months since first dose, then patient is eligible for the 300 mg dose, please check the box beside the 300 mg dose below
 - If YES and > 3 months since last dose, please check the box beside the 600 mg dose below
 - If NO, then patient is eligible for the 600 mg dose, please check the box beside the 600 mg dose below

tixagevimab-cilgavimab (EVUSHELD) intramuscular injection **300 mg** intramuscular, Once, For 1 Dose

tixagevimab-cilgavimab (EVUSHELD) intramuscular injection **600 mg** intramuscular, Once, For 1 Dose

Emergency Medications

- sodium chloride 0.9 % bolus 500 mL, intravenous, for 30 Minutes, As needed, for hypersensitivity reaction OR anaphylaxis, For 1 Dose
- diphenhydrAMINE (BENADRYL) injection 25 mg, intravenous, As needed, for hypersensitivity reaction: give ONLY for flushing, rash, hives, pruritus, For 1 Dose
- hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg, intravenous, As needed, for hypersensitivity reaction OR anaphylaxis, For 1 Dose
- famotidine (PEPCID) injection 20 mg, intravenous, As needed, for hypersensitivity reaction OR anaphylaxis, For 1 Dose
- EPINEPHrine (EPIPEN) injection syringe 0.3 mg, intramuscular, As needed, anaphylaxis, for anaphylaxis, For 1 Dose
- albuterol HFA (PROVENTIL;VENTOLIN) inhaler 2 puff, inhalation, As needed, wheezing, for anaphylaxis

Signature: _____ Date: _____ Time: _____

Printed Name: _____

Provider Phone: _____ Provider NPI #: _____