

 <p>LEGACY HEALTH</p>	<p>Legacy Day Treatment Unit Provider's Orders</p> <p>Adult Ambulatory Infusion Order PEMIVIBART (PEMGARDA) INFUSION</p>	<p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Med. Rec. No (TVC MRN Only): _____</p>
<p>ALL ORDERS MUST BE MARKED IN INK WITH A CHECKMARK (✓) TO BE ACTIVE</p>		

Anticipated Start Date: _____ **Patient to follow up with provider on date:** _____

*****This plan will expire after 365 days, unless otherwise specified below*****

Orders expire: _____

Weight: _____ kg **Height:** _____ cm

Allergies: _____

Diagnosis: _____

Diagnosis Code: _____ (please include primary and secondary diagnosis codes)

GUIDELINES FOR PRESCRIBING:

1. Send **FACE SHEET and H&P or most recent chart note.**
2. Pemivibart (PEMGARDA) has FDA Emergency Use Authorization (EUA) for prophylaxis of COVID-19 in moderate-to-severely immunocompromised patients aged 12 years or older and 40 kg or greater.

NURSING ORDERS (TREATMENT PARAMETERS):

1. Monitor patients during infusion and at least 2 hours after infusion.
2. If a patient has recently received a COVID-19 vaccine, Pempgarda should be administered at least 2 weeks after vaccination.

MEDICATIONS:

- Pemivibart (PEMGARDA) 4,500 mg in sodium chloride 0.9% 50 mL infusion, intravenous, ONCE, over 60 minutes

After infusion is complete, flush line with 0.9% sodium chloride.

HYPERSENSITIVITY MEDICATIONS:

1. NURSING COMMUNICATION - If hypersensitivity or infusion reactions develop, temporarily hold the infusion and notify provider immediately. Refer to LH policy 906.6606 Initiation of Emergency Measures for Adult Oncology, Radiation Oncology and Infusion Clinic Patients
2. diphenhydramINE (BENADRYL) injection, 25-50 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
3. EPINEPHrine HCl (ADRENALIN) injection, 0.3 mg, intramuscular, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
4. hydrocortisone sodium succinate (SOLU-CORTEF) injection, 100 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
5. famotidine (PEPCID) injection, 20 mg, intravenous, AS NEEDED x 1 dose for hypersensitivity or infusion reaction
6. albuterol (PROVENTIL HFA) inhaler, 4 puff, inhalation, EVERY 4 HOURS PRN, wheezing
7. 0.9% NaCl, 500 mL, intravenous, CONTINUOUS PRN over 2.5 hours, for hypersensitivity or infusion reaction

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Please check the appropriate box for the patient's preferred clinic location:

- | | |
|---|---|
| <input type="checkbox"/> Legacy Day Treatment Unit –
The Vancouver Clinic Building
<i>A department of Salmon Creek Medical Center</i>
700 NE 87 th Avenue, Suite 360
Vancouver, WA 98664
Phone number: 360-896-7070
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy Emanuel Day Treatment Unit
<i>A department of Emanuel Medical Center</i>
501 N Graham Street, Suite 540
Portland, OR 97227
Phone number: 503-413-4608
Fax number: 503-413-4887 |
| <input type="checkbox"/> Legacy Salmon Creek Day Treatment Unit
<i>Legacy Salmon Creek Medical Center</i>
2121 NE 139 th Street, Suite 110
Vancouver, WA 98686
Phone number: 360-487-1750
Fax number: 360-487-5773 | <input type="checkbox"/> Legacy STEPS Clinic
<i>A department of Silverton Medical Center</i>
Legacy Woodburn Health Center
1475 Mt Hood Ave
Woodburn, OR 97071
Phone number: 503-982-1280
Fax number: 503-225-8723 |

Provider signature: _____ **Date/Time:** _____

Printed Name: _____ **Phone:** _____ **Fax:** _____

Organization/Department: _____