

Date	Problem/Needs	Goal/Expected Outcome	Approaches/Interventions	Responsible Discipline	Review Date	Resolve Date
	Potential for infusion related adverse events as evidenced by: fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticarial, pruritus, myalgia, and dizziness	Patient will not exhibit any signs and symptoms of infusion related adverse events	<ol style="list-style-type: none"> <li>1. Every patient referral must include specific Casirivimab/Imdevimab acute infusion reaction orders</li> <li>2. Ensure emergency medications to treat an infusion reaction are immediately available</li> <li>3. Confirm a patent, functioning vascular access device is in place prior to admixing medication</li> <li>4. Clinically monitor for signs and symptoms during infusion and for one hour post infusion: <ul style="list-style-type: none"> <li>• Allergic reactions or anaphylaxis</li> <li>• Fever and chills</li> <li>• Nausea and myalgia</li> <li>• Hypotension</li> <li>• Headache and dizziness</li> <li>• Angioedema and bronchospasm, throat irritation</li> <li>• Rash including urticarial and pruritus</li> </ul> </li> <li>5. Monitor vital signs prior to infusion, and every 15 minutes during infusion and for one hour following completion of infusion</li> <li>6. Stop infusion for signs and symptoms of clinically significant hypersensitivity reaction or anaphylaxis occurs</li> <li>7. Report any adverse events to FDA MedWatch and the pharmacy</li> </ol>			
	Potential for knowledge deficit regarding infection	Patient/significant other(s) verbalizes signs/symptoms of infection to report to nurse	<ol style="list-style-type: none"> <li>1. Educate patient/significant other(s) on rationale for Casirivimab/Imdevimab, potential adverse effects, and s/s to report to nurse</li> <li>2. Provide patient/family Regeneron's <a href="#">Patient Fact Sheet</a>, and answer questions.</li> </ol>			

**Patient:** \_\_\_\_\_ **Room #:** \_\_\_\_\_