

# Monoclonal Antibody (MAB) Infusion Order & Referral Form

## Referring Provider Information

Provider Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
Office Name: \_\_\_\_\_ Provider Phone: \_\_\_\_\_  
Provider Email: \_\_\_\_\_ Provider Cell: \_\_\_\_\_ Provider Fax: \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Onset of Illness (Mild to Moderate\*) \_\_\_\_\_ = \_\_\_\_\_ Day of Illness (<10 DAYS)  
Date of Testing for COVID: \_\_\_\_\_ Test Type:  PCR  Antigen

→ **Note:** Patients must fulfill the appropriate number of LMH approved criteria for current Tier (1-3). Refer to weekly communication for the current tier information. Patients that do not meet the current Tier (1-3) criteria will not be contacted for an appointment.

## COVID Positive Patient Treatment Criteria

I attest the patient meets **ALL** of the criteria below:

- 12 years of age or older
- Body weight 40 kg or greater
- Within **7 days** of symptom onset
- Positive SARS-CoV-2 viral test with mild to moderate symptoms\*\*
- Without increased O2 requirements (does not require supplemental oxygen or increase from baseline).
- Are at high risk for progression to severe COVID-19, including hospitalization or death.

\*\*NIH Definition: Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging.  
Moderate Illness: Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have saturation of oxygen (SpO2) ≥94% on room air at sea level\*\*CDC COVID-19 mild to moderate symptoms include: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

**AND** the High-Risk Patient Treatment criteria indicated below (mark all that apply):

\*Multiple comorbidities within the same category will only count as one high-risk criteria (ex: a patient with CAD and HTN will satisfy the cardiovascular disease category and not be counted as two separate high-risk qualifiers).

- Chronic Kidney Disease  Diabetes
- Greater than 65 years of age  Immunosuppressive disease or immunosuppressive treatment
- Pregnancy  Cardiovascular disease (including congenital heart disease) or hypertension
- Sickle cell disease
- Body Mass Index (BMI) > 30 OR if age 12-17, have BMI ≥85th percentile for their age and gender based on CDC growth charts, [https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm)
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- Neurodevelopmental disorders or other conditions that confer medical complexity (genetic or metabolic syndromes and severe congenital abnormalities)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))

**See Additional Orders on Reverse and Sign**



Monoclonal Antibody Infusion Order  
8120-0637  
ORIG: 12/2020 Rev: 3/2022  
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The Lawrence Memorial Hospital DBA  
  
325 Maine Street, Lawrence, KS 66044

Patient Label Here

**Medication Orders:**

- **Antibody Infusions: one of the 2 monoclonals will be administered based on allocation/availability.**
  - **Bebtelovimab** 175 mg (2ml) IV Push over 30 seconds. Flush with a minimum of 30 ml to ensure delivery of the required dose.
  - **Sotrovimab** 500 mg (8 ml) in 0.9% Sodium Chloride 100 ml IV x 1 at 216 ml/hour  
(Each infused over at least 30 minutes) May infuse slower, over 60 minutes for improved patient toleration.
- **PRN MEDICATIONS:**
  - Acetaminophen 650 mg po q4hours as needed for pain or headache
  - Cetirizine 10 mg po once as needed for allergy symptoms OR
  - Diphenhydramine 25 mg po/IV q4hours as needed for allergy symptoms (if NOT driving)
  - Ondansetron 4mg po/IV q6hours as needed for nausea
- **Hypersensitivity Protocol**

**Nursing Orders:**

- IV Start per protocol
- Vitals before initiation of infusion, every 15 minutes during infusion, end of infusion and prior to discharge.
- **Discharge Criteria:** Patient may have peripheral IV removed and be discharged when they meet the following criteria after 60-minute post infusion observation:
  - Patient did not experience an adverse event during the infusion requiring a prescriber to be contacted
  - Patient is not experiencing any of the following:
    - Nausea/Vomiting
    - Bronchospasm
    - Hypotension
    - Angioedema
    - Throat Irritation
    - Rash including urticaria
    - Pruritus
    - Myalgia
    - Dizziness
  - Patient is not experiencing any new symptoms that were not present during intake assessment: fever, chills, headache, worsening shortness of breath
  - Contact a provider (per established facility process) if the patient does not meet the criteria for discharge within 60 minutes post-infusion.

I have informed the patient, parent or caregiver:

- The monoclonal administered will be at the discretion of the pharmacy and based upon availability.
- Of the alternatives to receiving authorized monoclonal antibody therapy AND informed that all MABs are unapproved drugs that are authorized for use under the FDA's Emergency Use Authorization.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date & Time