

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

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 10 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).
- Not hospitalized due to COVID-19, unlikely to require hospitalization in the next 24 hours due to COVID-19

**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) \geq 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 at least **ONE** of the High-Risk Patient Treatment criteria below (mark all that apply):

- 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) > 25 (> 30 strongly encouraged) OR if age 12-17, have BMI \geq 85th percentile for their age and gender based on CDC growth charts, 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

81200637

Monoclonal Antibody Infusion Order
8120-0637
ORIG: 12/2020 Rev: 11/2021
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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 3 monoclonals will be administered based on allocation/availability.**
 - **Bamlanivimab/Etesevimab** 700mg/1400mg (30 ml) in 0.9% Sodium Chloride 100 ml IV x 1 at 310 ml/hour
 - **Casirivimab/Imdevimab** 600 mg/ 600 mg (10 ml) in 0.9% Sodium Chloride 100 ml IV x 1 at 220 ml/hour
 - **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
 - Rash including urticaria
 - Bronchospasm
 - Pruritus
 - Hypotension
 - Myalgia
 - Angioedema
 - Dizziness
 - Throat Irritation
 - 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