



**COVID 19 ANTIBODY THERAPY
EUA Order Sheet**

Patient name: _____
Date of birth: _____
Patient Sticker if available - must have phone number for follow up after infusion

Allergies: _____

I certify the patient/legal representative was:

- 1) Informed that bamlanivimab or Casirivimab 1200mg + Imdevimab 1200mg is an unapproved drug that is authorized for use under this EUA
- 2) Instructed on risks, benefits, & alternatives to bamlanivimab or asirivimab 1200mg + Imdevimab 1200mg
 - **after informed decision-making, the patient puts a high value on the uncertain benefits and a low value on uncertain adverse events.**
- 3) Given the “Fact Sheet for Patients, Parents and Caregivers” prior to administration, AND
- 4) The patient meets appropriate criteria for administration
 - ≥ 12 years of age ● ≥ 40 kgs ● mild to moderate COVID-19 disease
 - at high risk for progressing to severe COVID-19 and/or hospitalization
 - is NOT hospitalized, requiring oxygen therapy due to COVID-19, or requiring an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

Date of symptom onset _____ (**≤ 10 days**) Date of positive test: _____

QUALIFYING REASONS FOR ADMINISTRATION (must choose at least one of the following)

MEETS HIGH RISK CRITERIA:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> BMI ≥ 35 <input type="checkbox"/> Have chronic kidney disease <input type="checkbox"/> Have diabetes <input type="checkbox"/> Have immunosuppressive disease <input type="checkbox"/> Are currently receiving immunosuppressive treatment <input type="checkbox"/> Are ≥ 65 years of age <input type="checkbox"/> Are ≥ 55 years of age AND have <ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular disease, OR <input type="checkbox"/> Hypertension, OR <input type="checkbox"/> COPD/other chronic respiratory disease | <ul style="list-style-type: none"> <input type="checkbox"/> Are 12-17 years of age AND have <ul style="list-style-type: none"> <input type="checkbox"/> BMI $\geq 85^{\text{th}}$ percentile for their age and gender based on CDC growth charts, OR <input type="checkbox"/> Sickle Cell Disease, OR <input type="checkbox"/> Congenital or acquired heart disease, OR <input type="checkbox"/> Neurodevelopmental disorders, i.e. Cerebral Palsy, OR <input type="checkbox"/> Medical-related technological dependence, i.e. tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), OR <input type="checkbox"/> Asthma, reactive airway or other chronic respiratory disease that requires daily medication for control |
|--|--|

Physician Signature and Printed Name	Date	Time
Noted	Date	Time



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ORDERS **Administer:** As soon as possible after positive viral test for SARS-CoV-2 and within 10 days of symptom onset. Infuse using 0.2 micron filter tubing over 60 minutes and monitor patient well being for at least 1 hour. Initiate Emergency orders and call physician if adverse reaction occurs. See orders below.

- Casirivimab 1200mg + Imdevimab 1200mg IV infusion over 60 minutes and FLUSH with 50ml NS post infusion
- OR**
- Bamlanivimab 700mg IV infusion over 60 minutes and FLUSH with 50ml NS post infusion

Allergic Reaction Emergency Orders:

- Contact a physician immediately.
- Call a Rapid Response or Code Blue as appropriate.
- Document Adverse Drug reaction in Vigilanz - pharmacy will send to FDA
- The initial management of anaphylaxis includes procurement of a stable airway, place patient in supine or in Trendelenburg's position, administer supplemental oxygen and pressors as needed

Signs & Symptoms:

- **Cardiovascular – hypoperfusion (decreased circulation)**
 - Initiate IV NS to maintain a systolic BP greater than 90 mmHg
 - **Respiratory – Acute respiratory distress, stridor, wheezing**
 - Epinephrine 1:1000. 0.3 mg IM or SQ if the patient has respiratory distress (inspiratory & expiratory wheezing, stridor and/or laryngeal edema), hypotension and/or ALOC. May repeat x 1 in 10 minutes if necessary
 - Contact a physician immediately.
 - Call a Rapid Response or Code Blue as appropriate.
 - Albuterol 2.5 mg via nebulizer over 10 minutes. May repeat as needed
- If wheezing persists and BP is >90mmHg, consider adding Atrovent 0.5mg to nebulizer

- **CNS – headache, dizziness, seizure**
 - Headache - Acetaminophen 1000mg PO
 - Dizziness - Dimenhydrinate 50mg PO
 - Seizure - Contact Physician immediately - Lorazepam as prescribed by physician
- **GI – Abd. Pain, nausea, emesis, diarrhea**
 - Diphenhydramine: 50mg IV or IM
- **Skin – Rash, itching, welts and/or hives**
 - Diphenhydramine: 50mg IV or IM for severe itching and/or hives
 - Methylprednisolone 125mg IV x1

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NURSING PROTOCOL

- Have patient wait to enter the site until pre-scheduled time for treatment
- Ensure patient wearing a mask or face covering before entering the building
- Escort patient directly to room, limit transport and movement of the patient outside of the room
- Keep the door closed while patient in infusion room
- Medical and support personnel entering room need to wear sufficient PPE based on CDC guidelines
- Room should undergo appropriate cleaning and surface disinfection before it is returned to routine use
- Instruct patient to continue to self-isolate and use infection control measures according to CDC guidelines.(e.g., wear mask, isolate, social distance, avoid sharing personal items, clean and disinfect “high touch” surfaces, and frequent handwashing)

Physician Signature and Printed Name	Date	Time
Noted	Date	Time