



Dangerous Abbreviations DO NOT USE		
AU	qd	Od
MS	QD	OD
MSo4	QOD	U
MgSo4	SC	IU

PHYSICIAN'S ORDERS

Bamlanivimab/Etesevimab Treatment (for COVID-19 Outpatient Use Only)

ALLERGIES	Height	Weight
	Date & Time:	

Instructions For **Bamlanivimab/Etesevimab** Prescribing

1. Patient must have a positive COVID-19 test. **Medication should only be given within 10 days of symptom onset.** Provider may repeat COVID test using a rapid test if concerned about previous results. No specific time frame is recommended for positive COVID testing, however it should be a recent test (preferably within the last week).
2. Patient must have Mild to Moderate symptoms and meet at least one high risk criteria. The patient cannot receive the medication if they have a new requirement for oxygen therapy or an increase from their baseline flow rate.
3. The **physician** must explain the risks and benefits of treatment and obtain consent. Consent over the phone is acceptable if witnessed. Consent is attached.
4. If possible the patient should receive the patient information from the prescriber at the time of the discussion. If this is not possible, review content with the patient. They patient will receive a copy at the infusion site. Patient information is attached.
5. **Complete the prescription.** The prescription **must be completely filled out** or it will be returned to the prescriber, possible causing the patient to miss the treatment window! The prescription form is attached
6. Fax the completed prescription and the consent form to the number at the bottom of the form.
7. Hospital will contact the patient if prescheduling infusion.
8. The patient should be advised to expect to spend 3 to 4 hours at our infusion site.

****CONSENT REQUIRED****

DOB: _____ Preferred Contact Number: _____
(All ages including neonates)

Alternate Contact Number: _____

Date of (+) Positive COVID Test: _____

Date of Symptom Onset: _____ (must be within 10 days)

Symptoms: Mild Moderate (Please Check One)



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Please Check All That Apply

- Age ≥65 years
- <1 year old
- Obesity or being overweight
- Pregnancy
- Chronic Kidney Disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease (including congenital heart disease) or hypertension
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- Sickle cell disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19))

******PRESCRIPTION******

Patients 18 years or older:

Patients ≥40 kg to <50 kg:

- Bamlanivimab 700mg/Etesevimab 1400mg** (60mL total) in 250 ml 0.9% Sodium Chloride IV once at a rate of 266 mls/hr

Patients ≥50 kg:

- Bamlanivimab 700mg/Etesevimab 1400mg** (60mL total) in 250 ml 0.9% Sodium Chloride IV once at a rate of 310 mls/hr

Instructions:

		1. Remove <u>one</u> vial of <u>bamlanivimab</u> and two vials of Etesevimab from the refrigerator and allow it to sit at room temperature for 20 minutes.
		2. Do not shake or heat up the vials. Inspect them for particulates. The vials should be clear to opalescent and colorless to slightly yellow or slightly brown.
		3. Once at room temperature, remove 20 mL from the bamlanivimab vial and 40 mL from the two Etesevimab vials and inject all 60 mL into a 250 mL bag of normal saline. Discard any remaining solution in the vials.
		4. Gently invert the bag 10 times to mix and do not shake it .
		5. If not administered immediately, the diluted solution is good for 24 hours refrigerated and 7 hours at room temperature. If stored in refrigerator, allow to reach room temperature before administration.



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<u>Administration:</u>		
		1. Attach a 0.2 micron filter to the infusion set if tubing is not filtered already and prime the tubing.
		2. Administer mixed medication immediately by infusing at a rate of : <ul style="list-style-type: none"> • Greater than or equal to 50 kg: 310 ml/hour via infusion pump • Less than 50 kg: 266 ml/hour via infusion pump
		3. Flush the line with 0.9% Sodium Chloride solution post-infusion to ensure full delivery of dose.
		4. Monitor patient during infusion and 1 hour post completion for signs and symptoms of an allergic or anaphylactic reaction.
		5. Follow anaphylaxis protocol for allergic reaction.
Patients <18 years old & ≥40 kg:		
<u>Patients ≥40 kg to <50 kg:</u>		
<input type="checkbox"/> Bamlanivimab 700mg/Etesevimab 1400mg (60mL total) in 250 ml 0.9% Sodium Chloride IV once at a rate of 266 mls/hr		
<u>Patients ≥50 kg:</u>		
<input type="checkbox"/> Bamlanivimab 700mg/Etesevimab 1400mg (60mL total) in 250 ml 0.9% Sodium Chloride IV once at a rate of 310 mls/hr		
<u>Instructions:</u>		
		1. Remove <u>one</u> vial of <u>bamlanivimab</u> and two vials of Etesevimab from the refrigerator and allow it to sit at room temperature for 20 minutes.
		2. Do not shake or heat up the vials. Inspect them for particulates. The vials should be clear to opalescent and colorless to slightly yellow or slightly brown.
		3. Once at room temperature, remove 20 mL from the bamlanivimab vial and 40 mL from the two Etesevimab vials and inject all 60 mL into a 250 mL bag of normal saline. Discard any remaining solution in the vials.
		4. Gently invert the bag 10 times to mix and do not shake it.
		5. If not administered immediately, the diluted solution is good for 24 hours refrigerated and 7 hours at room temperature. If stored in refrigerator, allow to reach room temperature before administration.



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<u>Administration:</u>		
		1. Attach a 0.2 micron filter to the infusion set if tubing is not filtered already and prime the tubing.
		2. Administer mixed medication immediately by infusing at a rate of : <ul style="list-style-type: none"> • Greater than or equal to 50 kg: 310 ml/hour via infusion pump • Less than 50 kg: 266 ml/hour via infusion pump
		3. Flush the line with 0.9% Sodium Chloride solution post-infusion to ensure full delivery of dose.
		4. Monitor patient during infusion and 1 hour post completion for signs and symptoms of an allergic or anaphylactic reaction.
		5. Follow anaphylaxis protocol for allergic reaction.
Patients <18 years old & <40 kg:		
<u>Patients >20 kg to <40 kg:</u>		
<input type="checkbox"/>	Bamlanivimab 350mg(10 mL)/Etesevimab 700mg(20 mL) (30mL total) in 100 ml 0.9% Sodium Chloride IV once at a rate of 266 mls/hr	
<u>Patients greater than or equal to 50 kg:</u>		
<input type="checkbox"/>	Bamlanivimab 175mg(5 mL)/Etesevimab 350mg(10 mL) (15mL total) in 100 ml 0.9% Sodium Chloride IV once at a rate of 266 mls/hr	
<u>Patients greater than or equal to 50 kg:</u>		
<input type="checkbox"/>	Bamlanivimab [12mg/kg]/Etesevimab [24 mg/kg] in 100 ml 0.9% Sodium Chloride IV once at a rate of 266 mls/hr	
<u>Instructions:</u>		
		1. Remove <u>one</u> vial of <u>bamlanivimab</u> and one vial of Etesevimab from the refrigerator and allow it to sit at room temperature for 20 minutes.
		2. Do not shake or heat up the vials. Inspect them for particulates. The vials should be clear to opalescent and colorless to slightly yellow or slightly brown.
		3. Once at room temperature, remove the indicated dose from the bamlanivimab vial and the indicated dose from the Etesevimab vial and inject both medications into a 50 mL bag of normal saline. Discard any remaining solution in the vials.
		4. Gently invert the bag 10 times to mix and do not shake it.
		5. If not administered immediately, the diluted solution is good for 24 hours refrigerated and 7 hours at room temperature. If stored in refrigerator, allow to reach room temperature before administration.



Wayne Memorial Hospital
Honesdale, PA 18431



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Administration:		
		1. Attach a 0.2 micron filter to the infusion set if tubing is not filtered already and prime the tubing.
		2. Administer mixed medication immediately by infusing at a rate of 266 ml/hour via infusion pump.
		3. Flush the line with 0.9% Sodium Chloride solution post-infusion to ensure full delivery of dose.
		4. Monitor patient during infusion and 1 hour post completion for signs and symptoms of an allergic or anaphylactic reaction.
		5. Follow anaphylaxis protocol for allergic reaction.
W.O.T.O.	Physician Name:	<input type="checkbox"/> Orders Read Back and Verified
Physician Signature	Date	Time
Nurse's Signature	Date	Time

Fax to: 570-253-8634