

ALLERGIES



Dangerous Abbreviations

DO NOT USE

AU qd Od

MS QD OD

MSO4 QOD U

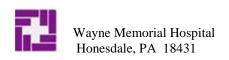
MgSo4 SC IU

Weight

PHYSICIAN'S ORDERS Bamlanivimab/Etesevimab Treatment (for COVID-19 Outpatient Use Only)

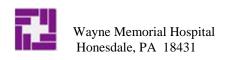
Height

		Date & Time:			
		<u> </u>			
	Instructions For Bamlanivimab/Etese	evimab Prescrib	ıng		
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 <u>physician</u> 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.					
6.					
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)					



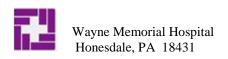


Please Check All That Apply				
	Age ≥65 years <1 year old Obesity or being overweight Pregnancy Chronic Kidney Disease Diabetes Immunosuppressive disease or immunosuppressive treatment Cardiovascular disease (including congenital heart disease) or hypertension Chronic lung diseases (for example, chronic 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			
Instrue	once at a rate of 310 mls/hr			
Instruc				
	 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. 			
	 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.			



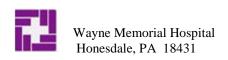


	_	
Adminis	stration:	
		 Attach a 0.2 micron filter to the infusion set if tubing is not filtered already and prime the tubing.
		2. Administer mixed modication immediately by infusing at a rate of
		2. Administer mixed medication immediately by infusing at a rate of :
		 Greater than or equal to 50 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:
ı	Patients	≥40 kg to <50 kg:
	Bamlani	vimab 700mg/Etesevimab 1400mg (60mL total) in 250 ml 0.9% Sodium Chloride IV
(once at a	rate of 266 mls/hr
<u> </u>	<u>Patients</u>	≥50 kg:
		vimab 700mg/Etesevimab 1400mg (60mL total) in 250 ml 0.9% Sodium Chloride IV rate of 310 mls/hr
Instruct		
		Remove one vial of bamlanivimab 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.
	<u> </u>	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.





Administ	ration:		
	 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 :		
	 Greater than or equal to 50 kg: 310 ml/hour via infusion pump 		
	 Less than 50 kg: 266 ml/hour via infusion pump 		
	 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:		
	atients > 20 kg to < 40 kg:		
☐ Bamlanivimab 350mg(10 mL)/Etesevimab 700mg(20 mL) (30mL total) in 100 ml 0.9%			
	odium Chloride IV once at a rate of 266 mls/hr		
	atients greater than or equal to 50 kg:		
	amlanivimab 175mg(5 mL)/Etesevimab 350mg(10 mL) (15mL total) in 100 ml 0.9% Sodium		
	hloride IV once at a rate of 266 mls/hr		
	atients greater than or equal to 50 kg:		
	amlanivimab [12mg/kg]/Etesevimab [24 mg/kg] in 100 ml 0.9% Sodium Chloride IV once at rate of 266 mls/hr		
Instruction	ons:		
	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.		





Nurse's Signature				Date	Time
Physician Signature				Date	Time
\V.O./T.O.		Physic	ian Name:		☐ Orders Read Back and Verified
		5.	Follow anaphylaxis protocol	for allergic react	ion.
		4.	Monitor patient during infus symptoms of an allergic or a	· · · · · · · · · · · · · · · · · · ·	
		3.	Flush the line with 0.9% Sod delivery of dose.	ium Chloride solu	ution post-infusion to ensure full
		2.	Administer mixed medicatio infusion pump.	n immediately by	y infusing at a rate of 266 ml/hour via
		1.	Attach a 0.2 micron filter to prime the tubing.	the infusion set i	f tubing is not filtered already and
Adminis	tration:				
			reach room temperature be	fore administrati	on.
			<u> </u>	·	e. If stored in refrigerator, allow to
		5.	If not administered immedia	ately, the diluted	solution is good for 24 hours

Fax to: 570-251-6687





INFORMED CONSENT OFF LABEL MEDICATION USE FOR THE TREATMENT OF COVID19

It is very important to your doctor that you understand and consent to the treatment your doctor is rendering. You should be involved in any and all decisions concerning this treatment. Sign this form **only after you understand** the procedure, the risks, the alternatives, the risks associated with the alternatives and all of your questions have been answered.

Medications (Sele	ct All To Be Prescribed):	
☐ Casirivima	ab and Imdevimab	☐ Other:
☐ Bamlanivi	mab & Etesevimab	
□ Sotrovima	b	
of COVID19. I un physician practice	nderstand that Off-label prescribing, a	fferent from one of the indications for which
information on use approved indicatio	e, dosage, and route of administration	FDA, my physician does not have tested that is provided in product labeling for cy of the unapproved use has not have been ls.
acknowledge that	o accept the potential risks that my there may be other, unknown risk f the above medications are not kno	physician has discussed with me. Is and that the long-term effects and risks of own.
of the potential risl		ves to this off label use. With this knowledge rations, I request that my doctor proceed with s.
	edge that the doctor has reviewed the questions on the subject of the use of	use of this medication with me in detail, and f this medication.
	low, I have had an opportunity to a risks of those alternatives.	sk the doctor all questions concerning risks,
Date Time	Signature of Patient/Authorized	Rep. Relationship of Authorized Rep.

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INFORMED CONSENT OFF LABEL MEDICATION USE FOR THE TREATMENT OF COVID19

☐ The Patient/Auth	-	read this form or had it read to him/her. s that he/she understands this information no further questions.
□ Verbal consent v	was given by the Patient/Au	thorized Representative (requires second Witness Signature)
Date	Time	Signature of Witness
Date	Time	Signature of Witness
	CERTIFICAT	TION OF PHYSICIAN:
		e risks associated with the alternatives of the discussed with the individual granting consent.
Date	Time	Signature of Physician
	IMPL	IED CONSENT
patient or to preventhe patient or their a	t impairment of the patient	immediate treatment is required to preserve the life of a t's health; and it is impossible to obtain the consent of Unconscious patients are presumed under law to y.
Date	Time	Signature of Physician
Date	Time	Signature of Witness

Page 2 of 2 Affix Patient Label