

Dangerous Abbreviations **DO NOT USE**AU qd Od

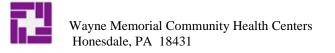
MS QD OD

MSO4 QOD U

MgSo4 SC IU

PHYSICIAN'S ORDERS Bebtelovimab Treatment (for COVID-19 Outpatient Use Only)

Patient	Name:					
ALLERGIES		Height	Weight			
		Date & Time:	I			
	Instructions for Bebtelovimab	Prescribing:				
1.	<u>Patient must have</u> : a positive COVID-19 test; 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.	2. <u>Patient must have</u> : Mild to Moderate symptoms and meet at least one high risk criteria; must be at least 12 years old and weighing at least 40 kg. (88 lbs.).					
3.	1 /6 1 / 11					
4.	4. The <i>physician</i> must explain the risks and benefits of treatment and obtain consent. Consent over the phone is acceptable if witnessed. Consent is attached.					
5.						
6.						
	7. Fax the completed prescription and the consent form to the number at the bottom of the form.					
8.	, , , , , , , , , , , , , , , , , , ,					
9.	The patient should be advised to expect to spend 1 to 1 ½ h	nours at our infusio	n site.			
****CONSENT REQUIRED****						
DOB: Preferred Contact Number: (Must be at least 12 years old)						
Alternate Contact Number:						
Date of (+) Positive COVID Test: Date of Symptom Onset:						
Weight Over 40KG (88 lbs): ☐ Yes ☐ No (Please Check One)						
Symptoms: ☐ Mild ☐ Moderate (Please Check One)						



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(High Risk Criteria) - Please Check All That Apply							
☐ Age ≥55 years							
□ Diabetes							
☐ Obesity (BMI >30 kg/m²)							
☐ Chronic Kidney Disease							
 □ Congestive heart failure □ Chronic Obstructive pulmonary disease 							
☐ Chronic Obstructive pulmonary disease☐ Moderate to severe asthma							
****PRESCRIPTION****							
☑ Bebtelovimab 175mg (2 mL) administered as a single intravenous injection over	er at least 30						
seconds.							
Instructions:							
Remove bebtelovimab vial from refrigerated storage and allow to e	quilibrate to						
room temperature for approximately 20 minutes before preparatio	n.						
2. Do not shake or heat up the vials. Inspect them for particulates. The	 e vials should						
be clear and colorless to slightly yellow or slightly brown.							
3. Once at room temperature, gently swirl the vial without shaking the	en remove 2 mL						
of Bebtelovimab from the vial into a disposable syringe. Discard any	y remaining						
solution in the vial.							
4. If immediate administration is not possible, store the syringe for up	to 24 hours at						
refrigerated temperature (2°C to 8°C [36°F to 46°F]) and up to 7 hou	urs at room						
temperature (20°C to 25°C [68°F to 77°F]).							
5. If refrigerated, allow the prepared syringe to equilibrate to room te	mperature for						
approximately 20 minutes prior to administration.							
Administration:							
Attach and prime a syringe extension set.							
2. Administer the entire contents of the syringe via IV injection over a	t least 30						
seconds.							
3. After the entire contents of the syringe have been administered, flu	ush the injection						
line with 0.9% Sodium Chloride to ensure delivery of the required d	lose.						
4. Monitor patient during infusion and 1 hour post completion for sign	 ns and						
symptoms of an allergic or anaphylactic reaction.							
5. Follow anaphylaxis protocol for allergic reaction.							
and a state of the							



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\V.O./T.O.	Physician Name:		Orders Read Back and Verified
Physician Signature		Date	Time
Nurse's Signature		Date	Time

Fax to: 570-253-8245