



Patient Name: _____ DOB: _____
 Address: _____ Phone Number _____

PLEASE ATTACH: 1. Patient Demographic Info AND
 2. Copy of Positive Covid-19 Result

Bamlanivimab Infusion Order

<input type="checkbox"/> Diagnosis : Covid-19 Positive (ICD-10 Code) U07.1	Date symptom onset _____
<input type="checkbox"/> Diagnosis : _____ (ICD-10 Code)	Date positive results _____

Hold infusion and notify provider for:

- Unable to sign consent
- Patient with first positive result for SARS-CoV-2 virus and onset of symptoms NOT within 10 day
- Weight less than 40 kg
- Age less than 18 years
- Requires oxygen therapy or Sat <93%, or HR >130, or RR >30
- Has already received prior dose of Bamlanivimab.

If infusion-related reaction occurs, stop infusion and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated.

Administer: Bamlanivimab **700mg** in 250 mL 0.9% sodium chloride over **60** minutes. Then flush line with 20 mL 0.9% NaCl. Use in-line or add-on 0.2/0.22 micron polyethersulfone (PES) filter and polyvinyl chloride (PVC) or polyethylene (PE)-lined PVC

Ondansetron 4mg PO (oral disintegrating tab) PRN nausea; may repeat x1 after 30 minutes

(Check all that apply)-must have **one**

- ___ Greater than or equal to 65 years of age
- ___ Body Mass Index (BMI) greater than or equal to 35
- ___ Chronic Kidney Disease (Stage IV or greater)
- ___ Diabetes with A1C ≥ 8 or random blood sugar > 300 mg/dL
- ___ Immunosuppressive Condition (solid organ transplant, ESRD or ESLD, advanced HIV, active chemotherapy, chronic high dose steroids (>30mg prednisone for >30 days), use of biologic agents for treatment of underlying diseases (i.e. TNF alpha inhibitor for RA or Crohn’s)

OR

Are greater than or equal to 55 years of age with one or more of the following:

- ___ Cardiovascular disease other than hypertension
- ___ Currently receiving treatment with medication for hypertension
- ___ Chronic Obstructive Pulmonary Disease, Interstitial Lung Disease, Cystic Fibrosis, or Pulmonary Fibrosis

Monitoring: Vital Signs Baseline, 5 minutes after infusion started then every 30 minutes

Observation period: Monitor patient for hypersensitivity reaction for a period of 60 minutes following infusion

0.9% Sodium Chloride Bolus: (to be infused during observation period): 250 mL NS 500 mL NS 1,000 mL NS

Provider name (print): _____ Date: _____

Provider signature: _____ Time: _____