

**Monoclonal Antibody Order**

Patient Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**COVID-19 Monoclonal Antibody Order**

- ☐ I have reviewed the Fact Sheet for Patients, Parents and Caregivers with the patient or a caregiver.
- ☐ I have reviewed the potential benefits of Bamlanivimab/Etesevimab including a reduction in the viral load of COVID.
- ☐ I have reviewed the potential risks of Bamlanivimab/Etesevimab including infusion reactions with fever, chills, nausea, headache, bronchospasm, hypotension, swelling of lips, face or throat, rash including hives.

**EXCLUSION CRITERIA:**

Patients are NOT eligible if they require hospitalization for COVID-19, require new supplemental oxygen therapy, OR require an increase in baseline oxygen therapy.

**INCLUSION CRITERIA:**

To be eligible, patients must meet all the following criteria (ALL must be checked):

- ☐ Positive PCR-based test for SARS-CoV-2 within 5 days of administration. Date of test: \_\_\_\_\_
- ☐ Symptom onset within 7 days of administration. Date of symptom onset: \_\_\_\_\_
- ☐ ≥12 years of age or older
- ☐ Weight ≥40kg or greater
- ☐ At HIGH RISK of progressing to severe COVID-19 as defined by the following factors:

\*HIGH RISK categories (check at least ONE of the following):

- ☐ Body mass index (BMI) ≥ 35
- ☐ Diabetes on glucose control medication
- ☐ Chronic kidney disease
- ☐ Immunosuppressive disease
- ☐ Currently receiving immunosuppressive treatment
- ☐ Are ≥ 65 years of age
- ☐ Are ≥ 55 years of age AND have at least ONE of the following:
- ☐ Cardiovascular Disease
- ☐ Hypertension
- ☐ COPD or other chronic respiratory disease
- ☐ Are 12-17 years of age AND:
- ☐ BMI >85<sup>th</sup> percentile for age/gender
- ☐ Sickle cell disease
- ☐ Congenital or acquired heart disease
- ☐ Neurodevelopmental disorder
- ☐ Medical related technology dependence (tracheostomy, gastrostomy, vent, CVC)
- ☐ Asthma or reactive airway disease that requires daily medication

**ORDERS:**

1. Establish reliable IV access; remove following drug administration and monitoring period.
2. Bamlanivimab 700mg and Etesevimab 1400 mg/100 mL 0.9% NaCL administered together as a single dose over 30 minutes. Observe patient for 60 minutes following infusion.
3. Following institution-specific infusion or hypersensitivity protocol.

\_\_\_\_\_  
Ordering Physician Name

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Ordering Physician Signature