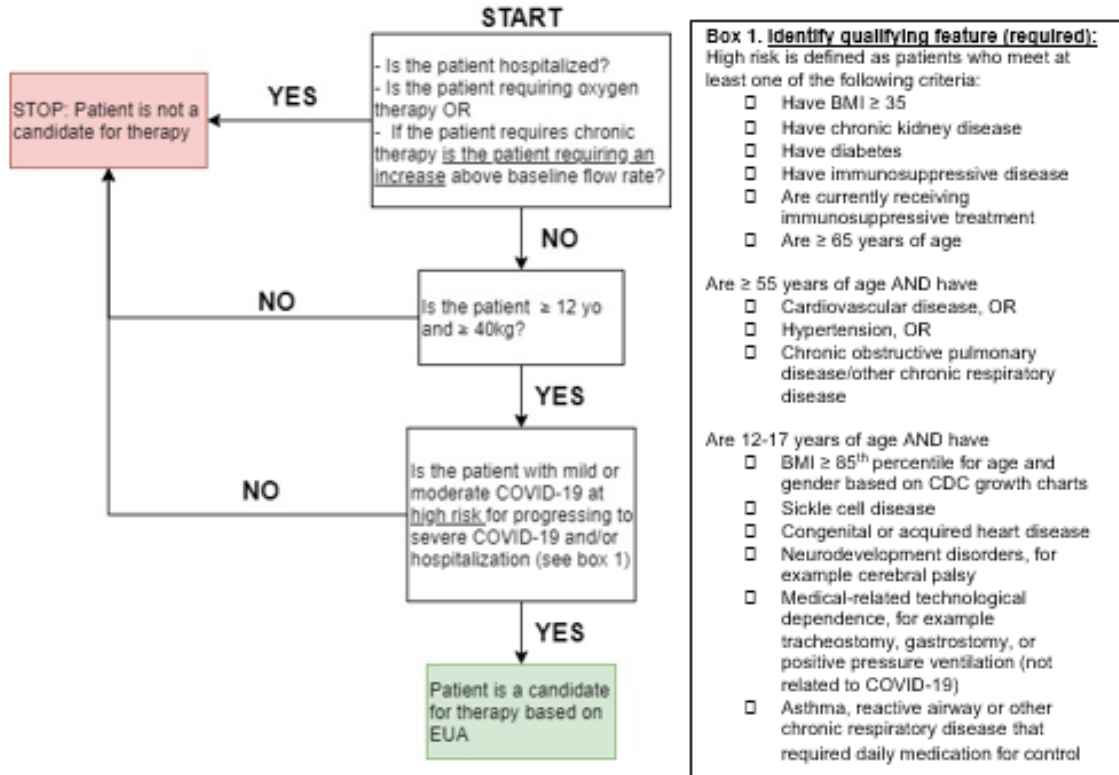


**Physician Orders**

Generic substitutions may occur on medications dispensed - unless order specifies "Do Not Substitute."  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

**Bamlanivimab for use in mild-moderate COVID-19**  
 Administration through Emergency Use Authorization (EUA)  
 \*\*\*OUTPATIENT INFUSION ONLY\*\*\*

1. Date of positive SARS-CoV-2 test \_\_\_\_\_ (required)  
 Date of symptom onset: \_\_\_\_\_ (must be administered within 10 days of symptom onset)
2. Assess appropriateness of therapy (must select qualifying high risk feature in box 1)



Provider has consulted Dr. \_\_\_\_\_ DO, Infectious Disease for approval based on patient's risk factors. Date/Time: \_\_\_\_\_

⊕ 3. Prescription Order: \*\*\*OUTPATIENT INFUSION ONLY\*\*\*

Medication	Dose	Administration	Other
Bamlanivimab	700 mg	IV infusion over 60 minutes	Patient must be observed for 1 hour after infusion is complete Flush the line after infusion
0.9% Sodium Cl Flush	30ml	3 x 10 mL flush post infusion	
Diphenhydramine	50 mg	IVP STAT PRN hypersensitivity	<b>Hypersensitivity Kit</b>
Famotidine	20 mg	IVP STAT PRN hypersensitivity	
Hydrocortisone	100 mg	IVP STAT PRN hypersensitivity	

Physician Signature: \_\_\_\_\_ Order Date & Time: \_\_\_\_\_

If outside physician, please list:  
 Phone number: \_\_\_\_\_ Address: \_\_\_\_\_