Monoclonal Antibody Bamlanivimab
Order Form for Adults Patients ≥ 18 Years Old

PATIENT NAME:	DOB:
ALLERGIES:	POSITIVE COVID-19 TEST ON:
FDA PATIENT FACT SHEET PROVIDED ON: *** Per FDA EUA, bamlanivimab patient education and patient fact sheet must be provided to the patient prior to administration. The patient fact sheet can be downloaded from:** https://www.fda.gov/media/143604/download	

PATIENT SCREENING

- ☐ Age (≥ 12 y.o.): _____
- ☐ Weight (≥ 40 kg): _____
- ☐ Mild to moderate COVID-19; high risk for progressing to severe COVID-19 and/or hospitalization

Patient meets at least one of the following criteria:

- ☐ Has a body mass index (BMI) ≥ 35
- ☐ Has chronic kidney disease
- ☐ Has diabetes
- ☐ Has immunosuppressive disease
- ☐ Is currently receiving immunosuppressive treatment
- ☐ Is ≥ 65 years of age
- ☐ Is ≥ 55 years of age AND has: cardiovascular disease or hypertension, or chronic obstructive pulmonary disease/other chronic respiratory disease.

Bamlanivimab is NOT AUTHORIZED for use in patients with:

- Who are hospitalized due to COVID-19, OR
- Who require oxygen therapy due to COVID-19, OR
- Who require an increase in baseline oxygen flowrate due to COVID-19 for those on chronic oxygen therapy due to an underlying non-COVID-19 related co-morbidity.

☐ Patient does not meet any of the above contraindications

DOSAGE

☐ Single IV infusion of 700 mg bamlanivimab in 250 mL NS administered over at least 60 minutes (infusion rate: 270 mL/hr). Mix as instructed in the Bamlanivimab healthcare provider fact sheet. https://www.fda.gov/media/143603/download

MANAGEMENT OF HYPERSENSITIVITY

Patients must be clinically monitored during infusion and observed for at least one hour after infusion is complete. Vital signs must be measure before infusion and ≤ q 30 minutes, and when indicated until conclusion of observation period.

Management of Minor Infusion-Related Symptoms	
Nausea/Vomiting	☐ Ondansetron (Zofran): 4 mg ODT (oral dissolving tablet) or 4 mg IV
Headache/Fever	☐ Acetaminophen: 650-1,000 mg PO
*** Minor infusion related symptoms such as nausea, headache, fever, and dizziness can often improve with slowing infusion rate. For minor symptoms early in the infusion, decrease infusion rate by 25-50%.	

Developed 12/10/2020

Revised 12/14/2020

Management of Severe (non-anaphylactic) Infusion-Related Symptoms
*** Immediately stop infusion, obtain vital signs, initiate supplemental oxygen, as indicated. Activate the emergency medical system (EMS; e.g., call 911 if applicable) and notify the patient's physician/clinician. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation and level of consciousness of the patient.

Management of Anaphylactic Symptoms	
Anaphylaxis	☐ **Epinephrine 0.3 mg IM; if signs of hypotension and/or respiratory distress with wheezes or stridor are present, repeat dose every 5 to 15 minutes for up to two doses.** ☐ Diphenhydramine 50 mg IM or IV (administer alone for moderate symptoms)
*** Immediately stop infusion, obtain vital signs, initiate supplemental oxygen as indicated, administer medications as above, limit epinephrine to shock or severe respiratory distress. Call EMS and continue supportive care, while monitoring patient closely until arrival. Notify the patient's physician/clinician as soon as able.	

Additional Orders

ORDERING PRESCRIBER

Prescriber Name:

Prescriber Signature:

Direct Contact Number: ( ) -

Order date: