



COVID-19 IV Infusion Treatment Clinic

Sparrow Lansing St. Lawrence Campus (Fax) 517-364-2260	Sparrow Clinton Hospital (Fax) 989-227-3388	Sparrow Carson Hospital (Fax) 989-584-3491	Sparrow Ionia Hospital (Fax) 616-524-1475	Sparrow Eaton Hospital (Fax) 517-541-5850
--	---	--	---	---

Legal Patient Name:	DOB:	Ht:	Wt:
----------------------------	-------------	------------	------------

Diagnosis:	Patient Phone #:
-------------------	-------------------------

I attest that I have informed the patient that Bamlanivimab/Etesevimab are unapproved drugs authorized for use by the FDA under Emergency Use Authorization (EUA) and I have communicated to the patient general information consistent with the EUA Fact Sheet for Patients. **Yes** **No**

Authorized Use: Bamlanivimab and etesevimab are **only** authorized for use in the following **non-hospitalized** patients:

- A positive direct SARS-CoV-2 test (PCR or antigen test). Date of positive test: _____
- Symptomatic COVID-19 (such as fever, chills, cough, dyspnea, fatigue, myalgia, headache, new loss of taste or smell, sore throat, congestion, rhinorrhea, nausea, vomiting or diarrhea).
- Not on oxygen due to COVID-19
- If on chronic oxygen for non-COVID-19 related comorbidity, no increase in baseline oxygen flow rate
- Onset of symptoms ≤ 10 days from requested date of therapy. Date of onset of symptoms: _____

Are **all of the above** true? **Yes** **No** (if NO, the patient cannot be approved for monoclonal antibody therapy)

Eligibility Criteria: The EUA has specific eligibility criteria for the monoclonal antibody IV infusion. Please complete the sections below to determine eligibility.

Patient's Age: _____ (*Age ≥ 65 is automatically eligible*)

Patient's BMI: _____ (*BMI ≥ 35 is automatically eligible*)

Pre-Existing Conditions:

Patient is eligible *regardless of age* if any one of these apply (Check all that apply)

- Chronic Kidney Disease
- Diabetes
- Immunosuppressive Disease
- Currently receiving immunosuppressive treatment

Patient is eligible *if ≥ 55 years of age* and any one of these apply (Check all that apply)

- Cardiovascular disease
- Hypertension
- COPD
- Other chronic respiratory disease

Duration of Order: One Visit

BAMLANIVIMAB/ETESEVIMAB ⌵

Nursing Orders ⌵

Nursing Communication 1 Once

[Order details](#)

Monitor patients during infusion and observe for at least 1 hour after infusion is complete.

Nursing Communication 2 Once

[Order details](#)

Place or using existing IV line as appropriate for therapy. May use central venous access for medication administration.

Hydrations ⌵

0.9% sodium chloride IV infusion Once

50 mL/hr, Intravenous, CONTINUOUS, Starting at treatment start time
KVO

Immunotherapy ⌵

etesevimab 1,400 mg, bamlanivimab 700 mg in sodium chloride 0.9% 160 mL infusion Once

700 mg, Intravenous, Administer over 31 Minutes, ONCE, Starting 15 minutes after treatment start time, For 1 dose

Post-Procedure ⌵

Discontinue IV Once

ONE TIME, Starting when released

Normal Saline Flush 0.9 % flush 5-10 mL Once

5-10 mL, Intravenous, ONCE, Starting when released, For 1 dose
Do not discontinue IV until observation complete.

Emergency Medications ⌵

methylprednisolONE sodium succinate (SOLU-MEDROL) injection 125 mg PRN

125 mg, Intravenous, ONCE, Starting when released, For 1 dose
Avoid IM injection into deltoid muscle

diphenhydrAMINE (BENADRYL) injection 25 mg PRN

25 mg, Intravenous, PRN, Itching - 1st Choice, Starting when released, For 2 doses
May repeat once if no relief.

albuterol (PROVENTIL) nebulizer solution 2.5 mg PRN

2.5 mg, Nebulization, ONCE, Starting when released, For 1 dose

racebookpinephrine 2.25 % nebulization 0.5 mL PRN

0.5 mL, Nebulization, ONCE (Inh. Med), Starting when released, For 1 dose
Dilute dose with NS and administer entire dose as a breathing treatment.
Dilute dose with NS and administer entire dose as a breathing treatment

famotidine (PEPCID) IVPB 20 mg PRN

20 mg, Intravenous, Administer over 30 Minutes, ONCE, Starting when released, For 1 dose

ondansetron HCl (ZOFTRAN) injection 4 mg PRN

4 mg, Intravenous, ONCE, Starting when released, For 1 dose
Doses of up to 4mg may be give IVP over 2-5 minutes
Doses of up to 4mg may be given IVP over 2-5 minutes. Notify physician if symptoms persist

Printed Provider Name: _____ Office Phone: _____

Provider Signature: _____ Date/Time: _____