

307268

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Shenandoah Memorial Hospital

Monoclonal Antibodies for COVID 19
EMAIL orders to smhrph@valleyhealthlink.com (SMH only)

Form with sections: ALLERGIES, Weight in Kilograms, Height, DIAGNOSIS: COVID-19 STATUS: OUTPATIENT HCPCS Codes: Q0222 (drug), M0222 (admin), Emergency Use Authorization, For non-hospitalized patients, not on oxygen or without an increase in home oxygen flow rate, ***FORM MUST BE COMPLETED IN ENTIRETY OR ORDER WILL BE REJECTED***, 1. POSITIVE SARS-CoV-2 test: YES NO DATE, 2. DATE OF SYMPTOM ONSET (Must be within 7 days), 3. REASON for NOT prescribing 1st line drug nirmatrelvir/ritonavir (Paxlovid), 4. Vaccination Status, 5. Code Status, 6. High Risk Criteria (Please check all that apply), Date, Time, Physician Phone Number, Physician Signature, Physician Name (Print).

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ALLERGIES	
Weight in Kilograms	Height
DIAGNOSIS: COVID-19	STATUS: OUTPATIENT
Pharmacy may auto-substitute the antibody medication/route based on availability or variants <input type="checkbox"/> Bebtelovimab 175 mg/2 mL IV injected over 30 seconds using a syringe extension set	
Obtain vital signs prior to the injection/infusion and at the end of the injection/infusion <ul style="list-style-type: none"> ● Monitor the patient for any signs of an anaphylactic reaction. Stop the injection/infusion if any of the following occur: Fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, or dizziness ● Monitor the patient for one hour after the end of the injection/infusion 	
For allergic/anaphylactic reactions <ul style="list-style-type: none"> ● Stop the injection/infusion and notify the MERT team ● Epinephrine 0.3 mg (1mg/ml) IM x 1 dose as needed for anaphylaxis (see above anaphylactic reaction signs) ● Diphenhydramine (Benadryl) 25 mg IV or PO X 1 dose for itching, swelling, or rash ● Famotidine (Pepcid) 40 mg IV x 1 dose for itching, swelling, or rash ● Methylprednisolone (Solu-Medrol) 125 mg IV x 1 dose for itching, swelling, or rash ● Albuterol sulfate (Proventil) 2 puffs inhaled every 10 minutes up to 3 doses for wheezing, bronchospasm ● If a reaction occurs, document in EPIC, complete risk report, and notify pharmacy 	
<b style="color: red;">7. <input type="checkbox"/> Copy of Insurance Card (front and back) attached in case prior authorization required	
Provider to Complete:	
8. <input type="checkbox"/> Risks and benefits discussed with patient and obtain informed consent	
9. <input type="checkbox"/> Patient Information Sheet provided to patient/caregiver	
Date: _____ Time: _____ Physician Phone Number: _____	
Physician Signature: _____	
Physician Name (Print): _____	