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ValleyHealth
Hampshire Memorial Hospital

Monoclonal Antibodies for COVID 19

FAX orders to HMH Pharmacy at: 304-822-4965

ALLERGIES	
Weight in Kilograms	**Height**

	DIAGNOSIS: COVID-19 **STATUS:** OUTPATIENT
	Emergency Use Authorization
	For non-hospitalized patients not on oxygen or without an increase in home oxygen flow rate
	POSITIVE SARS-CoV-2 test: □ **YES** □ **NO** **DATE:** _____
	DATE OF SYMPTOM ONSET (Must be within 10 days): _____
	VACCINATION STATUS: □ **2-Dose Pfizer or Moderna** □ **J&J** □ **Booster/3rd dose** □ **Unvaccinated**
	Code Status: □ **Full Code** or □ **No CPR – Support OK** □ **No CPR – Allow Natural Death**
	High Risk Criteria (Please check all that apply):
	☐ Body mass index (BMI) greater or equal to 35 **BMI:** _____
	☐ Chronic kidney disease, stages 3 to 5
	☐ Diabetes
	☐ Currently receiving immunosuppressant treatment– chemotherapy, immunotherapy, prednisone 20 mg daily or equivalent, OR have chronic immunosuppressive disease
	☐ Age 65 years or greater
	☐ Cardiovascular disease or hypertension
	☐ Chronic lung disease
	☐ Sickle cell disease
	☐ Neuro-developmental disorders
	☐ Pregnancy
	Provider to Complete:
	☐ Risks and benefits discussed with patient and obtain informed consent
	☐ Patient Information Sheet provided to patient/caregiver
	Date: _____ **Time:**_____ **Physician Phone Number:** _____
	Physician Signature: _____
	Physician Name (Print): _____

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DIAGNOSIS: COVID-19 **STATUS:** OUTPATIENT

Pharmacy may auto-substitute the antibody medication/route based on availability or variants

☐ Casirivimab 600 mg/Imdevimab 600 mg (Regen-COV) SQ 10 ml (4 SQ injections of 2.5 ml)

☐ Casirivimab 600 mg/Imdevimab 600 mg (Regen-COV) IV in 100 ml 0.9% Normal Saline to be infused over 21 minutes. Infusion requires the use of a PVC infusion set with a 0.20 or 0.22 micron in-line filter

☐ Bamlanivimab 700 mg/Etesevimab 1400 mg IV in 50 ml 0.9% Normal Saline to be infused over 21 minutes. Infusion requires the use of a PVC infusion set with a 0.20 or 0.22 micron in-line filter

☐ Sotrovimab 500 mg IV in 100 ml 0.9% Normal Saline to be infused over 30 minutes. Infusion requires the use of a PVC infusion set with a 0.20 or 0.22 micron in-line filter

For SQ administration

1. Administer the subcutaneous injections consecutively, each at a different injection site, into the thigh, back of the upper arm, or abdomen, except for 2 inches (5 cm) around the navel.

   The waistline should be avoided.

For IV administration

- After the infusion is complete, flush the line with 50 ml of 0.9% Sodium Chloride IV

Obtain vital signs prior to the injection/infusion and at the end of the injection/infusion

- **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

- Stop the injection/infusion and notify the rapid response 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

Date: _____ **Time:**_____ **Physician Phone Number:** _____

Physician Signature: _____

Physician Name (Print): _____