

COVID 19 Monoclonal Antibody Infusion Referral Form
PATIENT INFORMATION
PROVIDER INFORMATION

 Name _____ DOB _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Alt. Phone _____
 Email _____ Gender M F

 Name _____ NPI _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Office Contact _____ Phone _____

REQUIRED ✓ Insurance Card Front/Back ✓ Prescription Insurance Card Front/Back ✓ Clinical Notes ✓ Lab/Test Results

CLINICAL INFORMATION

 Primary Diagnosis (ICD-10): U07.1 Secondary Diagnosis (ICD-10 - See EUA Information Below): _____
 Drug Allergies: _____ Latex Allergy Yes No
 Height _____ (in) Weight _____ (lbs) COVID-19 Positive Yes (Date: _____) No (Does not qualify)
 Date of Symptom Onset: _____ Patient with Oxygen at Baseline: Yes No (If Yes, what rate? _____)
 Line Access PIV Port PICC Midline Patient Provided with "Fact Sheet for Patients, Parents and Caregivers" Yes No

FDA EUA (Emergency Use Authorization) for Bamlanivimab and Etesevimab

 This EUA is for the use of the *unapproved product* bamlanivimab and etesevimab for the treatment of mild to moderate COVID-19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing who are 12 years of age and older weighing at least 40kg and who are at high risk for progressing to severe COVID-19 and/or hospitalization. High risk is defined as patients who meet at least ONE of the following criteria:

- Have a body mass index (BMI) ≥ 35
- Have chronic kidney disease
- Have diabetes
- Have immunosuppressive disease
- Are currently receiving immunosuppressive treatment
- Are ≥ 65 years of age
- Are ≥ 55 years of age AND have:**
 - Cardiovascular disease **OR**
 - Hypertension **OR**
 - Chronic obstructive pulmonary disease / other chronic respiratory disease
- Are 12—17 years of age AND have:**
 - BMI ≥ 85 th percentile for their age and gender based on CDC growth charts **OR**
 - Sickle cell disease **OR**
 - Congenital or acquired heart disease **OR**
 - Neurodevelopmental disorders, for example, cerebral palsy **OR**
 - A medical-related technological dependence, such as , tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19) **OR**
 - Asthma, reactive airway or other chronic respiratory disease that requires daily medication for control.

MEDICATION
DOSE/STRENGTH
DIRECTIONS
QTY
REFILLS
 Bamlanivimab and etesevimab
700mg (bamlanivimab) + 1400mg (etesevimab)

Infuse 700mg (bamlanivimab) and 1400mg (etesevimab) IV over 30 to 70 minutes or as directed

1 Dose
None

My signature below certifies that (1) The above-named individual is my patient and the therapy identified has been deemed medically necessary. (2) All information provided is true and accurate to the best of my knowledge. (3) I authorize the use of BrookWell Health's Infusion and line access and flushing protocols. (4) I authorize BrookWell Health to perform any necessary emergency and/or anaphylaxis treatment as per BWH protocol (see reverse).

Provider Name _____ Provider Signature _____ Date _____

Adverse Reaction Management Protocol

Hypersensitivity reaction including, but not limited to, fever, rash, itching, rigors, sneezing, nausea and vomiting

If reaction occurs:

- If indicated, stop infusion
- Maintain / establish vascular access
- May utilize the following PRN medications as follows:
 - * Allergies, hives, itching - Diphenhydramine 25-50mg PO/IV as a single dose, may repeat with either medication if needed
 - * Nausea, vomiting, heartburn - Ondansetron 4mg ODT (may repeat in 20 minutes if nausea continues) or Famotidine 20mg PO as a single dose; if severe - give Ondansetron 4mg slow IVP (may repeat in 20 minutes if nausea continues) or Famotidine 20mg slow IVP
 - * Headache, pain or fever > 100.4°F - Acetaminophen 500mg 1-2 tablets PO as a single dose or Ibuprofen 400mg PO as a single dose
 - * Hypotension (90/60) - place patient in reclined position, administer 0.9% NaCl IV 500ml, may repeat to keep BP > 90/60, monitor vital signs
 - * Hypertension (> 30mmHg above baseline or > 180mmHg SBP) - Clonidine 0.1mg and wait 45 minutes, may administer amlodipine 5mg if hypertension persists
 - * Chest pain/discomfort or shortness of breath - Oxygen 2-15 liters, titrate to keep SPO₂ ≥ 92%
 - * May give Famotidine 20mg IV or Methylprednisolone 125mg IV - refractory to other treatments given
- May resume infusion when symptoms resolve at 50% previous rate and increase per manufacturer guidelines

Severe allergic/anaphylactic reaction management

- Obtain a thorough allergy and drug history, note any cross-sensitivity
- Identify risk factors for anaphylaxis including history of severe drug reactions and family history of same, when administering blood/blood components and the first dose of an infusion medication.
- Identify and respond to signs/symptoms of anaphylaxis which is the likely type of reaction when all of the following criteria are met:
 - * Sudden onset and progression of symptoms
 - * Life-threatening airway / breathing / circulatory symptoms, such as laryngeal edema, stridor, severe dyspnea / wheezing, confusion, signs of shock, tachycardia, hypotension, cardiac arrest
 - * Skin changes or changes in mucosa, such as flushing urticaria, angioedema
- Symptoms associated with less severe systemic reactions may include
 - * Neurological - dizziness, headache, weakness, syncope, seizures
 - * Psychiatric - anxiety
 - * Respiratory - dyspnea, wheezing, bronchospasm, tachypnea
 - * Cardiovascular - tachycardia, hypotension, arrhythmias
 - * Cutaneous - flushing erythema, pruritis, urticaria, angioedema
- Interventions
 - 1) Stop infusion immediately
 - 2) Discontinue any medication suspected of causing reaction
 - 3) Initiate basic life support as needed
 - * Initiate rapid response team, "Code"
 - 4) Utilize the 'Emergency Management of Anaphylaxis' in the Reaction Management Kit to follow steps for correct management of reaction.
 - 5) Perform interventions and treatments as ordered or according to organizational protocol
 - 6) Administer emergency medications - medications will include
 - * Epinephrine
 - * Corticosteroids - methylprednisolone 40mg or 125mg IV
 - * Antihistamines - Diphenhydramine 25 - 50mg IV
 - * IV fluids - 0.9% NaClResuscitation equipment will include
 - * Barrier mask for CPR
 - * Self-inflating bag for CPR maskBreathing support
 - * Oxygen and delivery system or device
 - 7) Monitor patient's vital signs. Monitor and observe patient for at least 6 hours
 - 8) Patient may require transfer to ER department for observation period
- Documentation - document in the patient's health record
 - * Presence of allergies/reactions
 - * Observations and patient assessment
 - * Licensed practitioner notification
 - * Interventions taken and outcome
 - * Patient condition and response to interventions