NATIONAL INFUSION CENTER ASSOCIATION

Patient Name:

DOB:

BAMLANIVIMAB INFUSION ORDERS

Patient Name:	DOB:	Age:
Drug Allergies:	Weight: (must weigh at least 40 kg)	
Date of Positive Test:	Date of Symptom Onset: ☐ n/a (asymptomatic)	

Diagnosis:

☑ U07.1 COVID-19 infection
☐ J40 bronchitis NOS
☐ J12.89 other viral pneumonia
☐ J20.8 acute bronchitis due to other specified organisms
☐ J22 unspecified acute lower respiratory infection
☐ J98.8 other specified respiratory disorders

Diagnoses placing patient at high-risk for severe COVID-10 illness- include ICD-10 code(s) and description(s):

Prescriber must indicate *all* of the following requirements have been met:

☐ Patient/caregiver has been given the Fact Sheet for Patients and Parents/Caregivers
☐ Patient/caregiver has been informed of alternatives to receiving Bamlanivimab
☐ Patient/caregiver has been informed that Bamlanivimab is an unapproved drug that is authorized for use under an Emergency Use Authorization.

Pre-Infusion:
☑ Obtain baseline vital signs
☑ Establish vascular access

Infusion Orders:
☑ If infusion-related reaction occurs, stop infusion and treat per orders/protocol as clinically indicated.

☑ **Administer Bamlanivimab 700 mg/20 ml in 0.9% sodium chloride (final volume 200 ml). Infuse over at least 60 minutes using a sterile, in-line, low protein-binding 0.2- or 0.22-micron filter.**

Post-Infusion:
☑ Flush administration set with 0.9% sodium chloride to deliver residual volume.
☑ Leave IV in place for observation period; remove prior to discharge.
☑ Monitor patient for hypersensitivity reaction for a period of 60 minutes following infusion.
☑ Record vital signs immediately following infusion and prior to discharge.
☑ Provide patient with discharge instructions
☑ Send record of treatment to prescriber at fax number below

Prescriber Name (print): _____ Fax: _____

Prescriber signature: _____ Date: _____

INFO@INFUSIONCENTER.ORG
3307 NORTHLAND DR. SUITE 160 | AUSTIN, TEXAS 78731
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