NATIONAL INFUSION CENTER ASSOCIATION

Patient Name:

DOB:

Sotrovimab Infusion Flowsheet

Date of Service:	**Supervising Provider:**
Place of Service:	

Check to indicate the following requirements have been met:

☐ Patient ID confirmed ☐ Valid order received ☐ Check-in forms completed

☐ Patient/Caregiver has received and reviewed Fact Sheet for Patients and Parents/Caregivers

Pre-Infusion Assessment

Is patient experiencing any of the following emergency warning signs?

If yes, initiate supportive treatment as appropriate (e.g. supplemental oxygen) and notify supervising provider and/or activate emergency response system per facility protocol.

Chest pain/pressure	☐ No	☐ Yes	Lethargy	☐ No	☐ Yes
Oxygen sat less than 94% on RA	☐ No	☐ Yes	Tachypnea (RR > 30)	☐ No	☐ Yes
New-onset confusion	☐ No	☐ Yes	Cyanosis	☐ No	☐ Yes

Baseline Vital Signs

Time	BP (mmHg)	HR (bpm)	RR (per min)	O2 sat (%)	Temp (°F)	Staff initials

Vascular Access

(document *all* attempts; use Additional Notes/Orders page if needed)

Device	Gauge	Laterality	Site	Staff Initials
peripheral ☐ IV	☐ #24 ☐ #22 ☐ #20 ☐ other:	☐ left ☐ right	☐ forearm ☐ AC ☐ hand ☐ other:	
peripheral ☐ IV	☐ #24 ☐ #22 ☐ #20 ☐ other:	☐ left ☐ right	☐ forearm ☐ AC ☐ hand ☐ other:	

Flushes easily? ☐ Yes ☐ No, see notes

Blood return present? ☐ Yes ☐ No, see notes

Patient response to procedure
☐ Tolerated well
☐ Other, see notes

Notes:

Medication Preparation

Drug/Diluent	Dose/Volume	Lot Number	Exp. Date

Time Prepared:	**Staff initials:**

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Medication Administration								
0.2/0.22-micron filter used? ☐ Yes (required)								
Task	**Time**	**Rate (ml/hr)**	**BP (mmHg)**	**HR (bpm)**	**RR (per min)**	**O2 sat (%)**	**Temp (°F)**	**Staff Initials**
Infusion started								
15 min VS check								
VS check (PRN)								
VS check (PRN)								
VS check (PRN)								
Infusion complete								

Notes:

60-Minute Observation Period

Notes:

Arrival time in observation area (if applicable):

Staff initials:

Discharge

Departure vitals	BP (mmHg)	HR (bpm)	RR (per min)	O2 sat (%)	Temp (°F)	Patient condition at discharge:
Time:						☐ Stable ☐ Unstable, see notes

IV Removal	Site condition:	Dressing Applied	Patient response to procedure
Tip intact? ☐ Yes ☐ No, see notes	☐ benign ☐ swelling ☐ warmth ☐ drainage ☐ bruising ☐ redness ☐ other, see notes	☐ gauze and tape ☐ adhesive bandage ☐ other, see notes	☐ Tolerated well ☐ Other, see notes **Infiltration?** ☐ No ☐ Yes, see notes **Phlebitis?** ☐ No ☐ Yes, see notes

Discharge Education Provided: ☐ Yes ☐ No, see notes

Disposition: ☐ Home ☐ Other (e.g., long term care facility):

Records Faxed to Prescriber? ☐ Yes ☐ No, see notes Staff initials:

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Date/Time	Additional Notes/Orders

Staff Printed Name, Title	Staff Signature	Initials