NATIONAL INFUSION CENTER ASSOCIATION

Patient Name:

DOB: Age:

SOTROVIMAB INFUSION ORDERS

Drug Allergies:	**Weight:** (must weigh at least 40 kg)
Date of Positive Test:	**Date of Symptom Onset:**

Primary diagnosis: ☑ U07.1 COVID-19 infection

Diagnoses placing patient at high-risk for severe COVID-19 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 sotrovimab
- ☐ Patient/caregiver has been informed that sotrovimab is an unapproved product that is authorized for use under an Emergency Use Authorization.
- ☐ Patient/caregiver has been informed of the significant known and potential risks and benefits of sotrovimab and the extent to which such risks and benefits are unknown.

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.

☑ Using dilution and administration instructions per table below, add **sotrovimab 500 mg/8 mL** to prefilled bag of **0.9% sodium chloride** and administer intravenously using a sterile, in-line, low protein-binding **0.2-micron filter.**

☑ May use any diluent volume (and associated infusion rate) permitted per EUA unless prohibited by prescriber below.

Prescriber: If patient requires specific diluent volumes/infusion rates, check appropriate box at right to indicate desired selection. If no box is checked, administering clinician will use facility protocol to determine diluent volume/infusion rate per EUA.	**Diluent Volume**	**Total Volume to be Infused**	**MAXIMUM Infusion Rate**	**MINIMUM Infusion Time**
	☐ 50 mL	58 mL	116 mL/hr	30 minutes
	☐ 100 mL	108 mL	216 mL/hr	30 minutes

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: _____

Reviewed 6/1/21