COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

Bamlanivimab/Etesevimab (Combination Therapy) Emergency Use Authorization (EUA) Standing Orders

All items with an autocheck "√" are automatically initiated

Name:	**Date:**	**Time:**
Date of Birth:		
Allergies:	**Code Status:** □ **Full** □ **DNR** □ **DNI**	**Wt:**

Initial below in the box by each item:	**I certify the patient/legal representative was (initial each item below):**		
	Instructed on risks, benefits, & alternatives to Bamlanivimab/Etesevimab.		
	Given the "Fact Sheet for Patients, Parents, and Caregivers" prior to administration.		
	The patient meets the appropriate criteria for administration (check each item as applicable):		
	□ ≥ 12 years of age	□ ≥ 40 kg (weight)	□ Mild to moderate COVID-19 disease
	□ At high risk for progressing to severe COVID-19 and/or hospitalization.		
	□ ***NOT*** hospitalized due to COVID-19, or □ ***DO NOT*** require oxygen therapy due to COVID-19, or □ ***DO NOT*** require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related co-morbidity.		

Date of symptom onset:	**Date of positive test:**

Qualifying Reasons for Administration (Must choose at least one of the following):

□ BMI ≥ 35	□ Have chronic kidney disease	□ Diabetes
□ Immunosuppressive Disease	□ Currently receiving immunosuppressive treatment	□ Age ≥ 65 years

Are ≥ 55 years of age **AND** have □ Cardiovascular disease, **or** □ Hypertension, **or** □ COPD/other chronic respiratory disease

Are 12-17 years of age **AND** have **(Check all that apply):** □ BMI ≥ 85th percentile for their age and gender based on CDC growth charts, **or** □ Sickle Cell Disease, **or** □ Congenital or acquired heart disease, **or** □ Neurodevelopmental disorders, i.e., Cerebral Palsy, **or** □ Medical-related technological dependence, i.e., tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), **or** □ Asthma, reactive airway disease or other chronic respiratory disease that requires daily medication for control.

ORDERS

√ **Bamlanivimab 700mg/Etesevimab 1400mg IV infusion over 70 minutes** as soon as possible after positive viral test for SARS-CoV-2 and within 10 days of symptom onset. Once the infusion is complete, flush the tubing with 0.9% Sodium Chloride to ensure delivery of the dose.

√ Administer infusion using 0.2 micron filter tubing.

√ Obtain baseline VS (Temp, Pulse, Respiration, BP, O2 Sat) prior to infusion.

Nurse Signature:	**Time:**	**Date:**	□ **TORB** □ **VORB**
Provider Signature:	**Time:**	**Date:**	

Do Not Use	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**
U	Unit	1.0 mg	1 mg	QD	Daily	MS or MSO4	Morphine	cc	mL	SC, SQ, Sub q	Subcutaneous
IU	International Unit	.X mg	0.X mg	QOD	Every Other Day	MgSO4	Magnesium Sulfate	qhs	nightly	D/C	Discharge or Discontinue

√ Monitor VS (Temp, Pulse, Respiration, BP, O2 Sat) every 30 minutes until one hour after infusion is complete. Notify Provider if patient exhibits any of the following signs or symptoms:				
Temp > 100.4°F	Hypoxia (O2 Sat < 90%)	Tachypnea	Arrhythmia (e.g., atrial fibrillation, sinus tachycardia, bradycardia)	
Chest pain/discomfort	Weakness/Fatigue	Hypertension/Hypotension	Diaphoresis	Altered Mental Status

□ **Outpatient:** Instruct patient to continue to self-isolate and use infection control measures according to CDC guidelines (i.e. wear a mask, social distance, avoid sharing personal items, clean & disinfect "high touch surfaces," frequent hand hygiene).
Allergic/Anaphylaxis Reactions
□ If allergic reaction related to the infusion occurs, STOP the infusion. Initiate a Rapid Response or Code Blue as appropriate and notify the Provider immediately.
□ Initial management of anaphylaxis: establish and/or maintain airway, place patient in supine or Trendelenburg position, administer supplemental oxygen 2-6 LPM per NC to maintain SpO2 > 92%.
Cardiovascular-Hypoperfusion (decreased circulation)
□ Infuse 0.9% Normal Saline at _____ mL/hour to maintain systolic BP > 90mm/Hg
Respiratory-Acute Respiratory Distress (stridor, wheezing)
□ Epinephrine 1:1000 0.3mg IM or Subcutaneous if patient has respiratory distress (inspiratory & expiratory wheezing, stridor, and/or laryngeal edema), hypotension, and/or acute loss of consciousness. May repeat x1 in 10 minutes if necessary.
□ Albuterol 2.5mg via nebulizer over 10 minutes. May repeat as needed every 2 hours.
□ If wheezing persists and BP is > 90mm/Hg, may give Atrovent 0.5mg via nebulizer x1.
Central Nervous System-(headache, dizziness, seizure)
□ Acetaminophen 1000mg PO for headache x1
□ Seizures: Contact physician immediately
GI-(abdominal pain, nausea, emesis, diarrhea)
□ Diphenhydramine 50mg IV or IM x1
Skin-(rash, itching, welts, hives)
□ Diphenhydramine 50mg IV or IM for severe itching and/or hives x1 □ Methylprednisolone 125mg IV x1
ADDITIONAL ORDERS

Nurse Signature:	**Time:**	**Date:**	**□ TORB □ VORB**
Provider Signature:	**Time:**	**Date:**	

Do Not Use	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**	**Do Not Use**	**Use Instead**
U	Unit	1.0 mg	1 mg	QD	Daily	MS or MSO4	Morphine	cc	mL	SC, SQ, Sub q	Subcutaneous
IU	International Unit	.X mg	0.X mg	QOD	Every Other Day	MgSO4	Magnesium Sulfate	qhs	nightly	D/C	Discharge or Discontinue