

COHESIVE HEALTHCARE MANAGEMENT & CONSULTING HOSPITAL NAME

		Ban	lanivim	ab/Et	esevima	b (Com	bination	Thera	py)				
							J A) Stan						
		A	ll items wi	th an a	utocheck "	√" are at	itomatically	y initiated	d				
Name:								Date:		Time	:		
Date of Birt	:h:												
Allergies:							Code Sta		Wt:				
									DNR				
Initial below	v in th	hov by	aach	Loor	tify the not	iont/logo	l represent	□ DNI ativo was	c (initial e	ach itam			
item:		t DUX Dy	cacii	below	• •	lent/lega	i i epi esent	auve was	s (initial c				
Instruct	ted on 1	isks, ben	efits, & alt	ernative	es to Bamla	nivimab/	Etesevimab.						
							rior to admi						
			ppropriate	criteria	for adminis	stration (c	heck each i	tem as ap	plicable):				
$\Box \ge 12$	years o	f age		$\Box \ge 40 \text{ kg (weight)}$					\Box Mild to moderate				
										COVID-19 disease			
						nd/or hos	spitalization						
	1		e to COVI	,									
					o COVID-1								
							ue to COVI	D-19 in tl	hose on cl	hronic ox	ygen		
			ng non-CC	VID-19	9 related co	-morbidit		A A A					
Date of sym			0		• • • • • • • • • • • • • • • • • • • •	<i></i>		of positiv		>			
	Qual	fying Re	easons for	-			ose at least	one of th		U,			
\Box BMI \geq 35					ve chronic				$\Box \text{ Diabet} \\ \Box \text{ Age} \ge$				
	□ Immunosuppressive Disease					Currently receiving immunosuppressive treatment							
Are \geq 55 yea	ars of a	re AND	have 🗆 Car			e or – H	vnertension	$\mathbf{or} \square CC$)PD/other	chronic			
respiratory d		ge AND		ulovast	ulai ulseas	c, or 🗆 🗆	ypertension	, u 🗆 CO		chionic			
Are 12-17 ye		age ANI) have (Ch	eck all	that annly)	• □ BMI	$> 85^{\text{th}} \text{ perce}$	entile for	their age	and gende	er based		
on CDC gro		0					•		•	und gena	er bused		
□ Neurodev						-	-			donco i o			
	-				•			U	•	-			
tracheostom										nma, reac	tive		
airway disea	se or o	ther chro	nic respira	tory dise		-	ly medicati	on for cor	ntrol.				
a Deserte esta	· 1. 7	/00/ E 4	(. 1	1400		DRDERS	0			- C i			
$\sqrt{\mathbf{Bamlaniv}}$													
viral test for with 0.9% S				•	• •		Once the m	lusion is c	complete,	flush the	lubing		
$\sqrt{\text{Administe}}$													
$\sqrt{\text{Obtain bas}}$						Sat) prior	to infusion						
V Obtain bas	senne v	5 (Teniț), i uise, ix	spiratio	, DI , O2 ,	Sat) prior	to infusion	•					
ırse Signatur						me:	Date:				J VORB		
ovider Signat		-	~~			me:		Date:					
Not Use Ins se	tead	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		
J Uni	t	1.0 mg	1 mg	QD	Daily	MS or	Morphine	сс	mL	SC,	Subcutaneous		
						MSO4				SQ, Sub q			
U Internation	al Unit	.X mg	0.X mg	QOD	Every	MgSO4	Magnesium	qhs	nightly		Discharge or		
					Other Day		Sulfate			D/C	Discontinue		

Chest pain/discomfort	< 90%)		Arrhythmia (e.g., a	
	Weakness/Fatigue	Hypertension/Hypotension	tachycardia, brady Diaphoresis	Altered Mental Status
	truct patient to conti	nue to self-isolate and use infe	ction control measur	
		tance, avoid sharing personal it		
frequent hand hyg		anee, avoid sharing personal i	terns, crean & arshir	eet mgn toden surfaces,
		Allergic/Anaphylaxis Reac	tions	
□ If allergic reacti	on related to the infu	sion occurs, STOP the infusion		esponse or Code Blue as
•	otify the Provider im			
		establish and/or maintain airwa	y, place patient in su	pine or Trendelenburg
		gen 2-6 LPM per NC to mainta		
· · · ·		scular-Hypoperfusion (decrea		
□ Infuse 0.9% No		mL/hour to maintain systolic		
		-Acute Respiratory Distress		
□ Epinephrine 1:1		bcutaneous if patient has respir		ratory & expiratory
wheezing, stridor,	and/or laryngeal ede	ma), hypotension, and/or acute	e loss of consciousne	ess. May repeat x1 in 10
minutes if necessa				
		0 minutes. May repeat as need		
□ If wheezing per	sists and BP is > 90n	nm/Hg, may give Atrovent 0.5	mg via nebulizer x1.	
		ervous System-(headache, di	zziness, seizure)	
	1000mg PO for head			
Seizures: Conta	ct physician immedia	ntely		
		bdominal pain, nausea, emes	is, diarrhea)	
Diphenhydrami	ne 50mg IV or IM x1			
		Skin-(rash, itching, welts, h		
		r severe itching and/or hives x	1	
Methylpredniso	lone 125mg IV x1			
		ADDITIONAL ORDER	S	

Nurse Signature:					Ti	me:	Date:			□ TORB □ VORB		
Provider Signature:			Time:			Date:						
Do Not	Use Instead	Do Not	Use	Do Not	Use	Do Not	Use	Do Not	Use	Do Not	Use Instead	
Use		Use	Instead	Use	Instead	Use	Instead	Use	Instead	Use		
U	Unit	1.0 mg	1 mg	QD	Daily	MS or	Morphine	сс	mL	SC,	Subcutaneous	
		-				MSO4				SQ,		
										Sub q		
IU	International Unit	.X mg	0.X mg	QOD	Every	MgSO4	Magnesium	qhs	nightly		Discharge or	
					Other Day		Sulfate			D/C	Discontinue	