Describe Drug Allergies and Reactions:______

Sotrovimab may be used in patients at high risk for progressing to severe COVID-19

They must meet at least one of the following criteria (check all that apply, at least one required):

___ Obesity or being overweight (BMI >25)
___ Pregnancy
___ Chronic kidney disease
___ Diabetes
___ Immunosuppressive disease
___ Receiving immunosuppressive treatment
___ Cardiovascular disease or hypertension
___ Chronic lung diseases (including moderate to severe asthma)
___ Sickle cell disease
___ ≥ 65 years of age
___ Neurodevelopmental disorders or other conditions that confer medical complexity
___ Having a medical-related technological dependence
___ Other medical conditions or factors (example: race or ethnicity) that may increase risk for progression to severe COVID-19, Describe:_____________________________________________

Authorized Indication (Select one):

___ Treatment of patient with positive results of SARS-COV-2 viral testing within 10 days of symptom onset
   Duration of Symptoms: ____________ Days

   ___ Single dose:
       Sotrovimab 500 mg in 0.9% sodium chloride
       Sodium chloride 0.9% 50 ml to flush IV line before and after infusion
If available, Type and Date of Positive COVID-19 Test Result (check all that apply):
___ RT-PCR, Date:________________________
___ Antigen, Date:________________________
___ Other, Specify:____________________________________Date:________________________

If patient is currently admitted to the hospital, for a diagnosis other than COVID-19, approval for therapy by Infectious Diseases is required. ID Attending Physician approving therapy: __________

Administration:
RN Message: Monitor for anaphylaxis and infusion-related reactions during sotrovimab infusion, such as fever, chills, hypotension, angioedema, arrhythmia, and rash. Stop infusion and contact physician if this occurs.

1. Set patient up with telemetry and SpO2 monitoring during infusion and observation
2. IV line with 0.2-micron inline filter is primed by pharmacy with 0.9% sodium chloride and ready for drug infusion (must administer FULL drug volume)
3. Infusion will be completed over 30 minutes. After infusion, flush IV line with 0.9% sodium chloride to ensure all sotrovimab has been administered
4. Use dedicated IV line, if possible, to administer sotrovimab
5. Monitor during infusion and observe for at least 1 hour after infusion is complete

By submitting this order, I confirm that the patient or caregiver received a copy of document and agreed to Sotrovimab under “Fact Sheet for Patients, Parents, and Caregivers Emergency Use Authorization (EUA) of Sotrovimab for Coronavirus Disease 2019 (COVID-19).” I confirm that documentation of this discussion is in the patient’s medical record.

Prescriber Signature ____________________________ Date ____________________________

Printed Name ____________________________ Contact Number for Questions ____________________________