



**Florida  
Health Care  
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
DR. \_\_\_\_\_  
FHCP# \_\_\_\_\_

### Infusion Therapy Physician Orders

ORDER DATE: \_\_\_\_\_

HIGH RISK/ **DO NOT USE ABBREVIATIONS:** U, IU, MS, MSO4, mGs04, QD, QOD  
ALWAYS WRITE OUT INTENDED MEANING AND USE METRIC. DO NOT USE A ZERO AFTER A DECIMAL, ALWAYS USE A ZERO BEFORE A DECIMAL.

Allergies: \_\_\_\_\_

Patient's Weight: \_\_\_\_\_

Diagnosis: COVID-19

Patient's Height: \_\_\_\_\_

Diagnosis Code: Z86.16

#### Administer Medications:

1. Drug and Dose: **700 mg Bamlanivimab/1,400 mg Etesevimab**

Route: **IV**

Frequency: **One-time dose over 21-70 min infusion**

\*Bamlanivimab alone may be substituted for combination Bamlanivib/Etesevimab based on availability

2. Drug and Dose: \_\_\_\_\_

Route: \_\_\_\_\_

Frequency: \_\_\_\_\_

Labs as ordered:

Venous access: XX  Peripheral  PICC Line  Implanted Port  Tunneled Catheter

Other:

May keep peripheral site for duration of therapy.

#### Anaphylaxis/Reaction orders:

- Stop Infusion.
- Keep IV line open with 0.9% sodium chloride.
- Notify physician.
- Monitor vital signs every 15 minutes until symptoms resolve.
- Check Oxygen saturation: Oxygen at 2 L/min. via nasal cannula **if less than 90%** or clinical signs of respiratory distress.
- Administer diphenhydramine (Benadryl) 25 mg IV. May repeat once, if necessary.
- Solumedrol 40mg IV push.
- Epinephrine (1 mg/1 ml) 0.3 mg subcutaneously or IM with any signs for respiratory distress.
- Check with physician for new and additional pre-med orders if patient is re-challenged or re-treated.

May remove PICC line when treatment complete, after confirming with physician.

If the patient is admitted to the hospital, the ED, or transferred via EVAC, complete the transfer form including medication reconciliation order sheet.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_