Monoclonal Antibody Infusion Screening and Order Form CASIRIVIMAB AND IMDEVIMAB

Patients Phone number (with area code): 1. Positive COVID-19 test result (Swab or Respiratory Sample) (circle one): Yes / No; Date (mmidd/yyyy): If no or patient has not had COVID-19 desting, screening stops; Not eligible to receive treatment 2. Symptom onset within last 10 days (circle one): Yes / No; Date (mmidd)yyyy): If no, screening stops; Not eligible to receive treatment NOTE: Please allow sufficient time between screening date and scheduling infusion date to remain within 10 days of symptom onset per the EUA (Emergency Use Authorization) 3. Patient must meet the eligibility criteria listed below by age and weight. Please circle the condition that qualifies the patient for monor antibody infusion. ***Bacture: Institute of the eligibility criteria listed below by age and weight. Please circle the condition that qualifies the patient for monor antibody infusion. ***Bacture: Institute of the eligibility criteria listed below by age and weight. Please circle the condition that qualifies the patient for monor antibody infusion. ***Bacture: Institute of the Eligibility criteria listed below by age and weight. Please circle the condition that qualifies the patient for monor antibody infusion. ***Bacture: Institute of the eligibility criteria listed below by age and weight. Pleases circle the condition that qualifies the patient for monor antibody infusion. ***Bacture: Institute of the eligibility criteria listed below by age and weight. Pleases circle the condition that qualifies the patient for monor antibody infusion. **Bacture: Criteria in all response and patients of the eligibility criteria listed below by age and weight. Pleases circle the condition that an eligibility criteria state. **Bacture: Criteria in all response and patients of the eligibility criteria state. **Bacture: Criteria in all response and patients of the eligibility criteria state. **Bacture: Criteria in all response and patients of the eligibility criteria state. **Bacture: Criteria in all response and patients of the el	Patient Name (First and Last):	
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MONOCLÓNAL ANTIBODY INFUSION USÍNG THE BAYCARE SAVE YOUR SPOT APPLICATION TO BE SEEN AT ONE OF THE BA REFERRAL INFUSION SITES LISTED BELOW. Please scan/fax a copy of the positive COVID test result (or patient may bring to appointment), this order form and your Progres fill out the Brief Summary above): Winter Haven Hospital Emergency Department Observation Unit COVIDantibody-polk@baycare.org St. Joseph's Hospital MAB Infusion – 3003 W. Dr. MLK Jr. Blvd., Tampa, FL (starts 8/18) COVIDantibody-hillsborough@ba Morton Plant Hospital COVID Infusion Center – 607 Jeffords St, Clearwater, FL COVIDantibody-pinellas@baycare.org Infusion Site Instructions: Vital signs, once prior to infusion and at completion of infusion Patient Education – provide Bamlanivimab Fact sheet to patient IV Peripheral insertion Casirivimab 1200 mg + Imdevimab 1200 mg/NS 250 mL. Infuse over 20 minutes Monitor: for allergic reactions during the infusion and for 1-hour after administration. Allergic reaction signs and symptoms may if ever, chills, nausea, headache, shortness of breath, low blood pressure, wheezing, swelling of lips, face or throat, rash including itching, muscle aches, and dizziness Epinephrine (EpiPen) 0.3mg, IM-intramuscular, Inj, Once for anaphylactic reaction Sodium Chloride 30ml IV flush post infusion to ensure entire dose has been administered IV Peripheral discontinue after 1-hour observation time is complete Provider Signature: Provider Name (print): Provider Name (print): Provider Phone #: Provider Name (print):	for progression to severe COVID-19 and the EUA is not limited to the medical conditions or factors list	led above
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BayCare COVID-19 Monoclonal Antibody Infusion Treatment Patient Instructions/Information

- BayCare Health System is administering the monoclonal antibody infusion treatment to qualified patients diagnosed with COVID-19. Your provider has referred you to receive your treatment.
- Please wear a cloth or medical mask when you come for your appointment. Wearing a mask is mandatory for all patients receiving care at BayCare Health System.
- Your appointment will be approximately three (3) hours. **NO VISITORS ARE ALLOWED IN ANY OF THE BAYCARE INFUSION SITES.**
- Winter Haven Hospital 200 Ave F NE, Winter Haven: Please go to the Emergency Room desk when you arrive and tell them you are there for COVID-19 infusion treatment appointment. Call 863-293-1121 if you have any questions.
- St. Joseph's MAB 3003 W Dr. MLK Jr. Blvd., Tampa (opens 8/16/2021): Please park in the 10-story MAB parking garage and follow the signs for the St. Joseph's Hospital Covid-19 Infusion Center located in the MAB. Call 813-357-0587 if you have any questions.
- Morton Plant Hospital COVID Infusion 607 Jeffords St., Clearwater, FL (opens 8/18/2021): Please come to front door and let them know you are there for your COVID-19 infusion treatment appointment. Call (727) 441-2878 if you have any questions.
- When you arrive at the Infusion Center for COVID-19 Care a member of the clinical care team will visit with you and to answer questions you may have regarding your treatment.
- What are monoclonal antibodies? They are investigational medicines used for the treatment of COVID-19 in non-hospitalized patients with mild to moderate symptoms and who are at high risk for developing severe COVID-19 symptoms or the need for hospitalization.
- How will I receive my monoclonal antibody infusion? It is given to you through a vein (intravenous or IV). The infusion will take at least one (1) hour. You will receive one dose of monoclonal antibody by IV infusion.
- After your monoclonal antibody infusion, you will be monitored by nursing for a recovery period of one (1) hour.
- You should schedule a follow-up appointment with your referring physician.



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