

mAb Infusion Orders

Monoclonal Antibody treatment for COVID positive patient that meet criteria, to reduce hospital admissions.”
“patient must receive the infusion within 10 days of symptom onset. Our goal is to deliver the infusion within 3 days of the referral being placed with Pulmonology for the patient.

To Schedule a Patient, fax this form to St. Charles Pulmonology department: Fax Order to 541-598-3492

Also call the pulmonology department at 541-706-7715 to alert the staff to the incoming fax.

****To ensure timely scheduling ALL fields below must be completed****

Patient Name: _____ DOB: _____

Phone Number: _____ Diagnosis: COVID Positive

Date of Symptom onset _____ Patient is within **10 days** of symptom onset.

Height: _____ Weight: _____

Ordering Provider: _____ Phone: _____

Please fax Demographics, medication list, problem list, allergy list and all pertinent chart notes

Qualifying Questions MUST COMPLETE ALL:

Greater than 14 years of age (at least 40 kg) Yes No

Positive direct SARS-CoB-2 Viral test Yes No

Not on Supplemental oxygen or requiring more oxygen Then at baseline if on Chronic O2 Yes No

Does the patient have at least one of the following conditions (please circle all that apply)?

- Body Mass index greater then or equal to 25
- Pregnant
- Breast Feeding
- Chronic Kidney Disease
- Diabetes Mellitus
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular Disease or hypertension
- Older age (over 65yr)
- Chronic lung disease
- Sickle Cell Disease
- Neurodevelopmental Disorder or congenital anomalies
- Any medical – related technological dependence (gastrostomy or CPAP)

Is the patient HIGH risk for progressing to severe COVID 19 and/or Hospitalization Yes No

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Physician Signature: _____

Date: _____

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