



THE MUSCOGEE (CREEK) NATION

DEPARTMENT OF HEALTH
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STANDING ORDERS FOR OUTPATIENT MONOCLONAL ANTIBODY INFUSION THERAPY

Patient Name: _____ DOB: _____ Date: _____
Patient Weight: _____ Patient Height: _____ Patient BMI: _____

Positive patient:

Z86.16 Date of symptom onset: _____ (must be within 7 days) (+) Test date: _____

Criteria for Identifying High Risk adults and pediatric patients (age 12-17 years and weighing at least 40 kg) at higher risk for progression to severe COVID-19 (if vaccinated, the patient must meet 2 of the following criteria to qualify; if not vaccinated, the patient must meet at least 1 of the following additional criteria):

**Some chronic conditions are weighted more heavily than others and will count as 2 qualifying criteria in order to triage for the highest risk populations.

- Unvaccinated or not fully vaccinated
65 years of age or older
Obesity or being overweight, BMI >30 or if age 12-17, have BMI ≥85th% for their age/gender
**BMI ≥35
**Pregnancy
**Chronic kidney disease
Diabetes
**Immunosuppressive disease or immunosuppressive treatment
Cardiovascular disease (including congenital heart disease) or hypertension
**Chronic lung diseases (i.e. COPD, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
Sickle cell disease
Neurodevelopmental disorders (i.e. cerebral palsy) or other conditions that confer medical complexity (i.e., genetic or metabolic syndromes and severe congenital anomalies)
Having a medical-related technological dependence (i.e. tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)).
Frontline healthcare worker

Is Patient Vaccinated? YES NO

EXCLUSIONS FOR MONOCLONAL ANTIBODY INFUSION THERAPY:

- Does not meet any of the high risk factors as listed above, and has no known exposure (pre-exposure) to COVID-19.
Patient is under 12 years of age or less than 40kg.
Bebtelovimab is not authorized for use in patients:
who are hospitalized due to COVID-19, OR
who require oxygen therapy due to COVID-19 (to keep SaO2 ≥ 90% on room air), OR
who require an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity.
Monoclonal antibodies, such as Bebtelovimab, may be associated with worse clinical outcomes when administered to hospitalized patients with COVID-19 requiring high flow oxygen or mechanical ventilation.
Provider may, at their discretion, determine that patient is too clinically ill in their judgement and disqualify a patient. Patient should be directed to an ED or urgent care for immediate medical intervention.

Orders:

- 175mg/2mL of Bebtelovimab is administered as a single intravenous injection over at least 30 seconds. The IV line is then flushed with Normal Saline
At minimum, vital signs will be obtained upon arrival, post-injection and upon discharge. Vital signs may be increased at the clinician's discretion. Pt will be monitored for 1 hour post-injection.
Tylenol 650 mg PO PRN fever or headache
Zofran 4 mg ODT PRN nausea, or Zofran 4mg IV Push x1 if actively vomiting.
Benadryl 25mg IV push or 25mg PO PRN for mild reaction.
For moderate or severe infusion reactions discontinue infusion, notify onsite provider and transfer patient to an Emergency Department and follow adverse reaction policy.
If no reactions discharge patient home with instructions and fact sheet 1 hour post infusion.

SIGNATURE: _____ Dr. Lawrence Vark, DO