



Nursing Facility Monoclonal Antibody Treatment Checklist

The Maryland Department of Health recommends obtaining prior consent for monoclonal antibody treatment for all residents and documenting in the patient chart to avoid delay in treatment.

Review and become familiar with the [FDA Fact Sheet for Patients, Parents, and Caregivers Emergency Use Authorization \(EUA\) of Bamlanivimab for COVID-19](#).

Determine Eligibility and Order Monoclonal Antibody Treatment for Nursing Facility Residents
1. Does the patient have a PCR or POC COVID-19 Positive test result? If NO, STOP; YES , follow your facilities isolation protocol, and proceed to number 2.
2. Does the COVID-19 positive patient have mild to moderate COVID-19 symptoms such as fever, cough, shortness of breath, loss of taste/smell, fatigue, nausea, vomiting, diarrhea, throat pain, congestion, myalgia, or headache? If NO, STOP; YES , proceed to number 3.
3. Has it been less than 10 days since symptom onset and positive COVID-19 test result? If NO, STOP; YES , proceed to number 4.
4. Does the patient meet at least one of the following high risk criteria? If NO, STOP; YES , proceed to number 5. <ul style="list-style-type: none"> ● 65 years of age or older OR have <ul style="list-style-type: none"> ○ Body mass index of 35 or greater ○ Chronic kidney disease ○ Diabetes ○ Immunosuppressive disease ○ Are currently receiving immunosuppressive treatment ● 55 to 64 years old AND have <ul style="list-style-type: none"> ○ Cardiovascular disease or ○ Hypertension, or ○ Chronic obstructive pulmonary disease/other chronic respiratory disease
5. If any of the following apply STOP , the patient is not eligible for treatment. Otherwise, proceed to number 6. <ul style="list-style-type: none"> ● Patient hospitalized for COVID-19 ● Patient requires oxygen therapy due to COVID-19 ● Patient requires require an increase in baseline oxygen flow rate due to COVID-19
6. Contact Provider for an order to administer. Once obtained, proceed to number 7. <ul style="list-style-type: none"> ● Bamlanivimab 700mg x1 dose intravenous (IV) infusion over 60 minutes within 10 days ● Epinephrine 1:1000 IM PRN anaphylaxis reaction
7. Select and contact a pharmacy service. Complete and submit order form, then proceed to number 8. <ul style="list-style-type: none"> ● Remedi SeniorCare - Rosedale and Towson, MD, (443) 927-8400 Order Form ● Pharmscript - Columbia, MD, (888) 319-1818 Order Form ● Polaris - Randallstown, MD, (888) 888-5382 Order Form ● Advanced Pharmacy/Partners Pharmacy - Columbia, MD, (410) 910-9260 Order Form ● PharmaCareNetwork - Cumberland, MD, (301) 777-7109 Order Form
8. Contact the patient's caregivers. If not already notified, relay positive COVID-19 test results and that monoclonal antibody treatment has been ordered and is pending. Consent to treat should already be on file.
Monitor for changes in patients' condition and treat per CDC guidelines . If symptoms worsen, do not wait for monoclonal antibody treatment, seek emergency medical attention right away.