

# NACOGDOCHES INFUSION CENTER

## Outpatient Monoclonal Antibody Infusion Protocol

320 RUSSELL BLVD. NACOGDOCHES, TX 75965

Phone: (936) 305-8488 Fax: (936) 228-1773 Email: infusion@nactx.us

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

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

**TO ORDER: SEND THE FOLLOWING DOCUMENTATION VIA FAX: 936-228-1773 OR EMAIL: INFUSION@NACTX.US**

- THIS COMPLETED ORDER FORM
- POSITIVE COVID TEST DOCUMENTATION
- H&P OR DOCTORS VISIT DOCUMENT IF AVAILABLE

**NOTE:** Patient must **NOT** be hospitalized, require oxygen therapy **OR** require an increase in oxygen rate due to Covid-19 if using for underlying comorbidity **AND** within 10 days of symptom onset.

### PATIENT INCLUSION CRITERIA- CHECK ALL THAT APPLY:

- $\geq 65$  years of age
- BMI (body mass index)  $\geq 25$  **OR** if age 12-17 and BMI  $\geq 85$ th percentile for age and gender based on CDC growth charts.
- Height: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Pregnancy
- Chronic Kidney Disease
- Diabetic
- Immunosuppressive Disease
- Type: \_\_\_\_\_
- Receiving Immunosuppressive Treatment
- Type: \_\_\_\_\_ > \_\_\_\_\_
- Cardiovascular disease (hypertension or congenital heart disease)
- Chronic Lung Diseases (COPD, asthma (moderate-severe), cystic fibrosis, pulmonary hypertension, or interstitial lung disease)
- Sickle Cell Disease
- Neurodevelopmental disorders (ex. cerebral palsy, ) or other conditions that confer medical complexity (ex. genetic or metabolic syndromes and severe congenital anomalies).
- Having a medical related technological dependence (ex. tracheostomy gastrostomy, or positive pressure ventilation not related to COVID).

CONFIRMED COVID POSITIVE DATE: \_\_\_\_\_

TYPE OF TEST:

PCR  ANTIGEN

SYMPTOM ONSET DATE: \_\_\_\_\_

Patient risk factors will be evaluated and scheduled based on available drug allocation and prescriber will be notified of outcome.

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

