|  |  |
| --- | --- |
| Last name | First Name |
| Date of Birth | |
| ULI | |

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| **Sotrovimab Orders for Administration in Nursing Station** |

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| --- | --- | --- |
| Weight (kg) | Date (dd-mo-yr) | Time |
| Allergies | | |
| Medication | | |
| □ Sotrovimab 500 mg IV in 100 mL of Normal Saline as per ISC protocol | | |
| Prescriber Name | Prescriber Signature | License Number (CARNA) |