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

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

|  |  |  |
| --- | --- | --- |
| 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) |