

Infusion

COVID-19 Monoclonal Antibody Treatment



PATIENT INFORMATION

Patient Name: _____ DOB: _____

Date: _____ Allergies: _____

Follow-up Provider (if different than ordering provider): _____

Diagnosis and ICD-10: _____

Is the patient in a SNF? No Yes

ORDERS PRECEDED BY A REQUIRE A TO INITIATE THE ORDER.

DOSE:

Medication and dosing per pharmacy availability and Emergency Use Authorization (EUA) parameters.

An antibody may not be available for all patient groups / categories depending on currently available and authorized medications. There are currently no approved COVID-19 monoclonal antibody therapies for children under the age of 12 OR for post exposure prophylaxis.

Qualification/requirements to receive COVID-19 Monoclonal Antibody Therapy at Salem Health (if ANY of the following are not answered, the order cannot be processed. For statements allowing for only one yes/no answer, that is the ONLY approved answer to that statement.):

Place X inside box for all that apply

Patient has a positive COVID-19 test? YES NO (If the answer is NO, the patient cannot receive treatment. We currently do not have a treatment option for post exposure prophylaxis.)

- The patient is within 7 days of the onset of symptoms. Date of onset of symptoms _____
- Patient weight _____
- Patient is NOT on oxygen therapy or increasing levels of oxygen due to COVID-19
- The patient is at higher risk for progressing to severe COVID-19 based on at least one of the following (select all that apply, must have at least one)
 - Age > 65
 - BMI > 25
 - Pregnancy
 - CKD
 - Diabetes
 - Immunosuppressive disease or immunosuppressive treatment
 - Cardiovascular disease (including congenital heart disease) or HTN
 - Chronic lung diseases (ex: COPD, asthma, interstitial lung disease, cystic fibrosis and pulmonary HTN)
 - Sickle cell disease
 - Neurodevelopmental disorders (ex: cerebral palsy) or other conditions that confer medical complexity (ex: genetic or metabolic syndromes and severe congenital abnormalities)
 - Having a medical-related technological dependence (ex: tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID-19])
 - Other medical conditions or factors listed on the CDC's website
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

I have discussed with the patient the contents of the Fact Sheet for Patients, Parents and Caregivers before the patient has received the infusion.

- YES **Providers must educate to the contents of the fact sheet for patients, parents and caregivers. The Infusion Clinic will provide a physical copy of the medication specific EUA document itself.

I have informed the patient that they should not receive a COVID vaccine for at least 90 days following this infusion. YES

I have informed the patient that this drug is experimental, and of the risks and benefits of alternative medications/therapies? YES

The patient has given verbal consent to receive COVID-19 Monoclonal Antibody Therapy? YES

Pre-meds (drug, dose, and route): (Select ONLY those that apply)

* Patients should be instructed to take oral medications ½ hour before appointment*

Diphenhydramine (check one) 25mg IV 50mg IV If not already taken orally prior to arrival

Tylenol 650 mg PO if not already taken prior to arrival

Ondansetron 4mg IV PRN Nausea

Dexamethasone IV _____ mg

Other (drug, dose, route and frequency)

Frequency of Pre-medication ONCE PRN

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Patients with central line access:

Select one: Patient has a PICC Implanted port Other CVAD Patient does not have a CVAD

- Central line care per Salem Health CVAD Access Policy. (*Lippincott*). May use alternative dressing or cleanser for skin breakdown.
- Alteplase per Salem Health Central Venous Access Device de-clotting (*Lippincott*) for S/sx of occlusion: Inability to infuse fluids, no blood return, increased resistance when flushing, increased occlusion/high-pressure alarm when using an infusion pump, sluggish gravity flow
- 1 View Chest X-ray to verify PICC tip location PRN for: Catheter migration greater than 5 cm, signs and symptoms of tip malposition (*occlusion unresolved by Alteplase, discomfort in the arm, neck or chest, unusual sensations or sounds when flushing, neck vein engorgement, or heart palpitations.*) Notify Physician or Provider if implemented

Notify physician if infusion NOT given or patient is a 'No Show' for his or her appointment.

Follow SH Infusion reaction protocol for symptom of infusion reaction. Notify provider if implemented

Provider Signature

Provider Printed Name

Date: