GEN COVID-19 Monoclonal Antibody Orders for COVID Positive Patient

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Form No. 3040007057
CEOC Approved: 01/06/2022
OSSC Approved: 01/03/2022

Patient Information

GEN COVID-19 Monoclonal Antibody Orders for COVID Positive Patient (3040007057)

THIS ORDER SET IS ONLY FOR USE WITH PATIENTS WHO ARE POSITIVE FOR COVID-19 AND NOT HOSPITALIZED.

NOTE: **MONOCLONAL ANTIBODIES HAVE EXTREMELY LIMITED AVAILABILITY**

Vaccination Status:
- ❑ Partially Vaccinated
- ❑ Fully Vaccinated
- ❑ Received Booster Vaccine
- ❑ Unvaccinated

Patient must **MEET *MINIMUM* CRITERIA** below:
- Mild to moderate symptoms onset within 8 days (administration should be as soon as possible)
- Positive result of direct SARS-CoV-2 viral test
- Patient age greater than or equal to 12 years
- Weight of 40 kg or greater
- At highest risk for progressing to severe COVID-19, *including hospitalization or death*

Please check qualifier(s):
- ❑ Immunocompromised individuals not expected to mount an adequate immune response
  - ❑ Patients within one year of receiving B-cell depleting therapies
  - ❑ Patents receiving Bruton tyrosine kinase inhibitors.
  - ❑ Chimeric antigen receptor T cell (CAR-T) recipients
  - ❑ Post-hematopoietic cell transplant recipients with Graft vs Host Disease or who are taking immunosuppressive agents for any other indication.
  - ❑ Patients with hematologic malignancies receiving active treatment
  - ❑ Lung transplant recipients
  - ❑ Patients within one year of receiving a solid organ transplant (other than lung transplant)
  - ❑ Solid organ transplant recipients with recent treatment for acute rejection with T or B cell depleting agents.
  - ❑ Patients with severe combined immunodeficiencies
  - ❑ Patients with untreated HIV who have a CD4 T lymphocyte count less than 50 cells / mm3

  OR

- ❑ Unvaccinated patients who are age 75 or above

  OR

- ❑ Unvaccinated patients who are age 65 or above ***PLUS***
  - ❑ Cancer
  - ❑ Cardiovascular disease
  - ❑ Chronic Kidney Disease (CKD)
  - ❑ Chronic lung disease
  - ❑ Diabetes
  - ❑ Immunosuppressive disease or treatment
  - ❑ Obesity (BMI above 30 kg / m2)
  - ❑ Sickle Cell Disease (SCD)

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Monoclonal Antibody Criteria Review:

EXCLUSION CRITERIA:
- Patient hospitalized due to COVID-19
- Patients who require oxygen therapy due to COVID-19
- Patients on chronic oxygen therapy that requires an increase in baseline oxygen flow rate due to COVID-19
- Pre-exposure prophylaxis
- Post-exposure prophylaxis
- **NOTE:** Extreme Limited Availability

INCLUSION CRITERIA:
- Order must be received within 8 days of symptom onset to ensure administration of monoclonal antibody within 10 days of symptom onset
- Positive result of direct SARS-CoV-2 viral test (administration should be as soon as possible)
- Patient age greater than or equal to 12 years
- Weight of 40 kg or greater
- At highest risk for progressing to severe COVID-19, *including hospitalization or death*

CDC growth charts	URL: "https://www.cdc.gov/growthcharts/clinical_charts.htm"
Informed Consent for Monoclonal Antibody Treatment	URL: "MS-7742s.pdf (balladhealth.org)"
Informed Consent for Monoclonal Antibody (MAB) Treatment – Pediatric Patient	URL: "http://insideballadhealth.balladhealth.org/2/forms/MS-7745s.pdf"
Sotrovimab Health Care Providers EUA Fact Sheet	URL: https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Sotrovimab/pdf/SOTROVIMAB-EUA.PDF#nameddest=HCPFS
Sotrovimab Patients, Parents, and Caregivers EUA Fact Sheet	URL: https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Sotrovimab/pdf/SOTROVIMAB-PATIENT-FACT-SHEET.PDF

Scheduling Referral

COVID-19 OP INFUSION - Virtual Health Enrollment

[X]	Covid-19 OP INFUSION-Virtual Health Enrollment	Referral Dept - Specialty Services Required
[X]	Nursing Communication	Routine, Once, Starting S For 1 Occurrences May discharge to home after infusion is complete and patient is observed for one hour, and vital signs stable

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Patient Information

General

[X]	Verify Informed Consent for Infusion	Routine, Once, Starting S Procedure: monoclonal antibody infusion Proceduralist Obtained Informed Consent:

Code Status (Single Response) (Selection Required)

❍	Full Code / Attempt Resuscitation	Details
❍	DNAR / DNI - Allow Natural Death (Do Not Attempt Resuscitation / Do Not Intubate	Details
❍	Do Not Intubate (DNI) (May administer CPR and ACLS protocols but do not intubate.)	Details
❍	DNAR but May Intubate (No CPR / ACLS, but intubation due to respiratory failure is acceptable.)	Details
❍	DNAR / Cardiac Medications Only (May administer emergency medications only without CPR or intubation.)	Details
❍	DNAR / DNI - Comfort Measures Only (Measures include interventions to alleviate the patient's misery short of heroic measures.)	Details
❍	Modified Code Status	May do: Modified Code Status - Use this order only if other code status orders do not meet the needs of the patient.

Nursing / Isolation Orders

[X]	**COMMUNICATION:** Immediately place patient in Enhanced Droplet Plus Eye Protection Isolation Status	Routine, Until discontinued, Starting S
[X]	**NOTIFY:** Facility Nursing Supervisor for Enhanced Droplet Plus Eye Protection Isolation Status	Routine, Until discontinued, Starting S
[X]	Place patient into COVID-19 designated bed / room	Routine, Until discontinued, Starting S
[X]	Enhanced Droplet Plus Eye Protection Isolation Status	Routine, Continuous

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Patient Information

IV Fluids

Insert and Maintain IV

☐	Insert and Maintain IV	**"And" Linked Panel**
☐	Insert Peripheral IV	STAT, Once, Starting S For 1 Occurrences
☐	Maintain IV Access	Routine, Until discontinued, Starting S
☐	Saline Lock IV	Routine, Once, Starting S For 1 Occurrences
☐	sodium chloride 0.9 % flush	3 mL As needed, Intravenous, line care, For 90 Days
☐	sodium chloride 0.9 % flush	3 mL 2 times daily, Intravenous, For 90 Days

Insert and Maintain IV

[X]	Insert and Maintain IV	**"And" Linked Panel**
[X]	Insert peripheral IV	STAT, Once, Starting S For 1 Occurrences
[X]	Maintain IV access	Routine, Until discontinued, Starting S
[X]	Saline lock IV	Routine, Once, Starting S For 1 Occurrences
[X]	sodium chloride 0.9 % flush	3 mL As needed, Intravenous, line care, For 90 Days
[X]	sodium chloride 0.9 % flush	3 mL 2 times daily, Intravenous, For 90 Days

Medications

COVID-19 Confirmed Treatment (Selection Required)

Best Practice References Advise:
Clinically monitor patients during administration and observe for at least 1 hour after administration is completed
Monoclonal Antibody Criteria Review:

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- Pre-exposure prophylaxis
- Post-exposure prophylaxis
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At highest risk for progressing to severe COVID-19, *including hospitalization or death*

[X]	COVID-19 virus infection	Diagnosis
[X]	Monoclonal Antibody Criteria Review **(Pharmacist may interchange route below therapeutics)** (Single Response)	

    Notes: Extreme limited availability
    MUST SELECT ONE OPTION BELOW

○	sotrovimab 500 mg in 50 mL sodium chloride 0.9 % IVPB	500 mg Once, Intravenous, Administer over 30 minutes, For 1 Doses Has the "Fact Sheet for Health Care Providers: Emergency Use Authorization (EUA) of sotrovimab" been reviewed?

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	[X]	acetaminophen (Tylenol) tablet	650 mg Every 4 hours PRN, Oral, mild pain (1 to 3), or fever greater than 101, For 90 Days.
[X]		diphenhydrAMINE (Benadryl) oral	25 mg Every 4 hours PRN, Oral, allergies, for infusion related reactions and / or nausea, For 90 Days, Oncology
[X]		albuterol (Proventil / Accuneb) 0.083 % nebulizer solution	2.5 mg Every 20 min PRN, Nebulization, wheezing, bronchospasm, For 2 Doses, Oncology A second dose may be repeated in 20 minutes, if needed.
[X]		ondansetron (Zofran-ODT) disintegrating tablet	4 mg Every 1 hour PRN, Oral, nausea, vomiting, For 2 Doses, Oncology A second dose may be repeated in one hour, if nausea persists.

Time: _____ Date: _____ Physician's Signature: _____

OSSC Date: 01/03/2022

Team Review Date: 01/06/2022