



FAX

## Mary Washington Healthcare

### Outpatient COVID-19 Infusion Checklist

- Positive COVID-19 test (home tests are not accepted)
- Identified symptom onset date: \_\_\_\_\_ (within 7 days)
- Patient demographic sheet
- Labs within 3 months for GFT and ALT  
Adequate renal function, GFR  $\geq$  30ml/min and ALT < 10 times upper limits normal
- Signed and dated referral/order set

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**Fax to**  
**540.741.2583**

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If additional information is needed, a Health Link nurse will call the provider; otherwise, the patient will be contacted directly for scheduling.

Provider name: \_\_\_\_\_

Direct contact # for provider\*: (\_\_\_\_\_)\_\_\_\_\_

\*Due to the time-sensitive nature of these procedures, it is most effective to speak directly with the referring physician.

**For any questions, please call 540.741.2580 (Provider-only line)**

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# STAT

STAT =  
medically  
urgent &  
necessary

## Allergies

DO NOT USE FELT TIP PEN

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED.

**Treatment:** Remdesivir should be administered as soon as possible after positive viral test for SARS-CoV-2 and within 5 days of symptom onset in adults and pediatric patients 12 years of age and older weighing at least 40 kg who are at high risk for progressing to severe COVID-19 and/or hospitalization.

**High risk is defined as patients who meet at least one of the following criteria:**

- AGE: 60 years or greater.  
WEIGHT/ BMI Ages: 12-17 (Weight MUST be more than 88 lbs (40 kg) RESOURCE: Child and Teen BMI Calculator  
A BMI ≥ 85th percentile for their age  
Ages: 18+ Body Mass Index (BMI) ≥ 30 RESOURCE: Adult BMI Calculator | Healthy Weight, Nutrition, and Physical Activity | CDC
- MEDICAL CONDITIONS:  
Cardiovascular disease (including congenital heart disease); Cerebrovascular disease  
Chronic lung diseases (COPD, asthma, interstitial lung disease, cystic fibrosis and pulmonary hypertension)  
Chronic Kidney Disease (CKD)  
Chronic Liver Disease  
Diabetes (type 1 or type 2)  
Hypertension  
Immunosuppressive disease:  
Receiving Immunosuppressive treatment (chemotherapy, transplant immunosuppressants, etc.)  
Neurodevelopmental disorders (I.e., CP) or other conditions that confer medical complexity (I.e., genetic or metabolic syndromes and severe congenital anomalies)  
Sickle cell disease  
Pregnancy  
Technological dependence (e.g. tracheostomy, gastrostomy, or positive pressure ventilation not related to COVID-19)

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(OUTPATIENT 'tentative' INFUSION DATE) (ORDERING PHYSICIAN NAME)

**INDICATIONS:** Indicated for the treatment of COVID-19 administered daily for 3 days.

**DOSING & DILUTION CHART::**

→ Dilute all doses mixed in 0.9% sodium chloride 100ml

Remdesivir 3 day course of therapy			Total Volume	Infusion Rate and Duration
Medication	Dose (mg)	Number of Vials	IV Fluid	
Remdesivir Day 1	200mg	2	100ml 0.9% NaCl	Infused over 30 minutes
Remdesivir Day 2 and 3	100mg	1		

- DO NOT infuse other medications through the same IV line → Infusion must be completed within 6.5 hours of preparation
- After infusion is completed, flush line with 20 mL of normal saline
- Infuse using standard IV tubing with in-line, non-pyrogenic, low-protein-binding filter (pore size 0.2 microns to 0.22 microns)

**IV ACCESS: (check one):**  Monitor insertion site and maintain tubing, dressing and cap changes per hospital standard.

Start peripheral line

**VITAL SIGNS:**  Baseline, then at infusion completion (Monitor for drug reactions each time)

**MANAGING INFUSION RELATED EVENTS:** *Adult:*  Diphenhydramine (Benadryl) 50 mg IV PRN Infusion reaction  
 Methylprednisolone (Solumedrol) 40 mg IV PRN infusion reaction (IV slow push over several minutes)

**For Hypersensitivity (mild-moderate):**  Stop infusion and notify physician for further orders  Monitor vital signs every 15min  
 If infusion is stopped and then restarted, resume at 10mL/hr and follow rate advance per physician's directions.

**For Anaphylaxis:**  Stop infusion and notify physician  **Epinephrine (1:1,000 = 1mg/mL)** → Pt. Wt. **0-15 kg** = \_\_\_\_\_ mL (0.01mL/kg) **IM Once** PRN Anaphylaxis  
 **At MWH** → Initiate Code (Dial 55) ; **At SH** → Initiate Code (Dial 55) -----(PER PATIENT WEIGHT)----- → Pt. Wt. **15-29 kg** = **0.15 mg** (0.15 mL) **IM Once** PRN Anaphylaxis  
 Monitor vital signs every 15 minutes → Pt. Wt. **30 kg or more** = **0.3 mg** (0.3 mL) **IM Once** PRN Anaphylaxis

**DISCHARGE:** If NO Signs and Symptoms of reaction, discharge **60 minutes** after infusion completion

Scanned: _____	Date _____ Time _____ Physician Signature _____
Clerical Associate: _____	
RN/LPN: _____	



**Remdesivir  
Outpatient Infusion Order Set**

Patient Identification



# STAT

STAT =  
medically  
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necessary

Allergies

DO NOT USE FELT TIP PEN

FOR THOSE ORDERS WITH OPTIONS, ITEMS MUST BE MARKED OR THE ORDER IS NOT INITIATED.

**Treatment:** Bebtelovimab should be administered as soon as possible after positive viral test for SARS-CoV-2 and within 7 days of symptom onset in adults and pediatric patients 12 years of age and older weighing at least 40 kg who are at high risk for progressing to severe COVID-19 and/or hospitalization.

**High risk is defined as patients who meet at least one of the following criteria:**

- Have a body mass index (BMI)  $\geq 25$ , or if age 12-17 have BMI  $\geq 85$ th percentile for their age and gender based on [CDC growth charts](#).
- Pregnancy
- Have chronic kidney disease
- Have diabetes
- Have immunosuppressive disease
- Are currently receiving immunosuppressive treatment
- Are  $\geq 65$  years of age
- Have chronic lung diseases (ex. COPD, moderate to severe asthma, interstitial lung disease, cystic fibrosis, pulmonary hypertension)
- Have sickle cell disease
- Have neurodevelopmental disorders (ex. Cerebral palsy) or other conditions that confer medical complexity (ex. Genetic or metabolic syndromes and severe congenital anomalies)
- Have a medical-related technological dependence (ex. Tracheostomy, gastrostomy, or positive pressure ventilation not related to COVID 19)
- Other medical conditions or factors (ex. Race or ethnicity) may also place individual patients at risk for progression to severe COVID 19 and authorization of bebtelovimab under the EUA is not limited to the medical conditions or factors listed above.

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
(OUTPATIENT 'tentative' INFUSION DATE) (ORDERING PHYSICIAN NAME)

**INDICATIONS:** Indicated for the treatment of COVID-19

**DOSING::**

Medication	Dose (mg)	Number of Vials	Total Volume	Infusion Rate and Duration
Bebtelovimab	175mg	1 of 2ml	2ml	IV Push over at least 30 sec.

- DO NOT infuse other medications through the same IV line → Injection must be completed within 7 hours of preparation if stored at room temperature
- After injection is completed, flush line with 20 mL of normal saline
- Inject using standard IV tubing with in-line, non-pyrogenic, low-protein-binding filter (pore size 0.2 microns to 0.22 microns)

**IV ACCESS: (check one):**  Monitor insertion site and maintain tubing, dressing and cap changes per hospital standard.

Start peripheral line

**VITAL SIGNS:**  Baseline, then at injection completion (Monitor for drug reactions each time)

**MANAGING INFUSION RELATED EVENTS:** *Adult:*  DiphenhydrAMINE (Benadryl) 50 mg IV PRN injection reaction  
 Methylprednisolone (Solumedrol) 40 mg IV PRN injection reaction (IV slow push over several minutes)

**For Hypersensitivity (mild-moderate):**  Monitor vital signs every 15min

**For Anaphylaxis:**  Epinephrine (1:1,000 = 1mg/mL) → Pt. Wt. 0–15 kg = \_\_\_\_\_ mL (0.01mL/kg) IM Once PRN Anaphylaxis  
 At MWH → Initiate Code (Dial 55) ; At SH → Initiate Code (Dial 55) -----(PER PATIENT WEIGHT)----- → Pt. Wt. 15-29 kg = 0.15 mg (0.15 mL) IM Once PRN Anaphylaxis  
 Monitor vital signs every 15 minutes → Pt. Wt. 30 kg or more = 0.3 mg (0.3 mL) IM Once PRN Anaphylaxis

**DISCHARGE:** If NO Signs and Symptoms of reaction, discharge **60 minutes** after injection completion

Scanned: _____	X	X	X
Clerical Associate: _____	Date	Time	Physician Signature
RN/LPN: _____			



**Bebtelovimab  
Outpatient Infusion Orderset**

Patient Identification  
NAME:  
DOB: