



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

Fax to
540.741.2583

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			IV Fluid	Total Volume	Infusion Rate and Duration
Medication	Dose (mg)	Number of Vials			
Remdesivir Day 1	200mg	2	100ml 0.9% NaCl	100 ml	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