

COVID: Monoclonal Antibody Administration

Clinician Ordering Treatment	2
Emergency Department	2
Ambulatory / HOD IV Therapy / HB Amb Dept	2
Emergency Department	2
Registration	2
ED Point of Care ordering	3
ED Orders sent to lab	3
ED Resulting	3
ED Provider Orders ED Monoclonal Antibody Drug	4
Administer Monoclonal Infusion	5
Ambulatory / HOD IV Therapy / HB Amb Dept	5
Registration	5
Order Monoclonal Antibody IV Therapy	5
Service to Infusion Center Order – IL ONLY	8
Release IV Therapy Medication	8

Clinician Ordering Treatment

Regardless of whether you work in ED, AMB, HB AMB, HOD, you need to determine where the patient is receiving treatment.

Emergency Department

Clinician will place the OrderSet

- Clinician **MUST** verify that the medication is available at the location where the patient will receive it.
- Follow your normal workflow for notifying/creating an appointment for the patient's treatment.
- The Patient MUST receive the Fact Sheet prior to infusion.

Go to Patient Instruction - added AAH PI COVID MONOCLONAL PATIENT FACT SHEET [5550001555]. This is only needed if you did not print the fact sheet when ordering.

Ambulatory / HOD IV Therapy / HB Amb Dept.

Clinician will place the IV Therapy Plan.

- Clinician **MUST** verify that the medication is available at the location where the patient will receive it.
- Follow your normal workflow for notifying/creating an appointment for the patient's treatment.
- The patient MUST receive the Fact Sheet prior to infusion.
- Go to Patient Instruction added AAH PI COVID MONOCLONAL PATIENT FACT SHEET [5550001555]. This is only needed if you did not print the fact sheet when ordering.
- For steps to enter a Therapy Plan, see page 6 for details on entering the IV Therapy Plan.

Emergency Department

Registration

Follow the normal emergency department arrival/ admission procedures outlined in the job aids listed below.

For Wisconsin team members:

- Emergency Department Patient Arrival
- Emergency Department Patient Registration

For Illinois team members:

<u>Emergency Department Patient Arrival</u>

ED Point of Care ordering

Follow the steps below to order the POCT SARS-COV-2 Antigen BinaxNOW

- 1. Go to the **Orders Activity** and click the **New** button.
- 2. Find the POCT SARS-COV-2 ANTIGEN BinaxNOW order and check it.
- 3. Sign order.



ED Orders sent to lab

If your department does not complete POC testing for COVID, use your existing process for selecting the correct SARS-COVID order.

ED Resulting

- 1. Go to the **ED Narrator** and click on the **POCT SARS-COV-2 ANTIGEN BinaxNOW** link.
- 2. Click the **Jump to Enter/Edit Results** and **document the results** of the test like normal.



3. Single click on the POCT test and click the Edit button. Complete the hard stops and make sure you change the status to Final.

€→	Chart Review	📳 Triage		arrator	🕞 Di	sposition	Orders	MAR	Consults	Patient Events Log	Enter/Edit Results	Sepsis	•	s
Ente	ter/Edit Results 🔻 Filter 🎤 Edit 🌢 Dictation 🗈 Media Manager 🕀 Ext Result 🕐 🖉 🗶													
Filters	ters: Outstanding Point of Car Testing ordered on or after 9/5/2020 (1)													
No.	Test			Co	ode Type	Order Date	Auth. MD		Order Statu:	s Result Status Res	ult Date Comp Pric	ority Foll	ow-up Prov Sta	at
	1000371550 POCT	SARS-COV-2	ANTIGEN	[POC2 Ci	ustom	12/04/2020	EMERGE	ENCY, A	Ordered		ST/	AT	Ordered	
- Sne	rimen			esulting La	ah —			Re	sults Mess	ane				
Туре	:	Swab [72]	j l	ab name:			5	Re	cipient	ugo	Mod	ifier	Add PCP	~
Colle	cted by:		Т	echnician:				110					Add My List	~
Colle	ction date:	0	Ö - P	roviders-				-					Build My Lis	ts
Colle	ction time:	θ	() E	illing:	EMB	ERGENCY, A	DMG PI						Clear All	
			R	esulting:				테늄	Send result:	s message	Cc list only			
			[Smart Er	-Result			
Com	ponents Sensitiv	vities Narra	tive	mpression	High	Def Dange	Unito	Commo	t	Offiait i t	Date:			Ċ.
POC	F SARS-COV-2 AN		i iays	LOW	riign	Negative	Units	Comme	ent		Time:			
		-									Abnorn	nal:		0
											Status		Tinal	
											Status		Final	2
											Ac	cept	Accept/	lext
												<u>D</u> iscar	d Changes	

ED Provider Orders ED Monoclonal Antibody Drug

- 1. Open the Orders activity and click Order Sets.
- 2. Search for the Monoclonal Antibody and open the Order Set.



3. There is a hard stop by the order. Click on the **order details** and answer the required questions. The order instructions are listed at the top of the order.



- 4. The provider MUST review the Patient/Family/Caregiver Fact Sheet with the patient.
 - A link to the Fact Sheet is within the order.
 - The Patient/Family/Caregiver Fact Sheet can also be printed from the MAR. The patient MUST receive a copy of this prior to giving the medication.

Administer Monoclonal Infusion

- 1. Go to the **ED Narrator or the MAR**, scan the patient and scan the **medication** to document the medication administration. You may re-print the Fact Sheet from the MAR if needed.
- 2. Monitor patient based on order guidelines.

Ambulatory / HOD IV Therapy / HB Amb Dept.

Registration

Follow normal scheduling, registration, and check-in workflows for these departments using the procedures outlined in the job aids listed below...

For Wisconsin team members:

- Appointment Scheduling General
- Checking in an Appointment
- Patient Registration
- Hospital Accounts Creating and Attaching

For Illinois team members:

- Appointment Scheduling General
- <u>Checking in an Appointment</u>
- Hospital Accounts Creating and Attaching

Order Monoclonal Antibody IV Therapy

Nursing will **review the chart** prior to the patient arriving for the referring clinician's assent documentation within the medication order.

1. Open the **Therapy Plan** activity. A list of available Therapy Plans will show on the left of the activity.

2. **Problem List**: Add the patient problem



3. **Dosing Weight**: Enter the weight. This is what will be used to dose the medications.

Therapy Plans		?
THERAPY PLANS Plan Summary	() Dosing Weight	t I
Problem List	Time taken: 12/3/2020 📋 1443 💿 🤱 Responsible 🖉 Show Row Info 🖉 Show Last Filed Value 🗌 Show Details 🖉 Show All Ch	oices
WEIGHT DOSING	Dosing Weight Only	*
THERAPY PLANS	Besing Weight KG	
Analgesics		
Antibacterials	This weight value will be used when calculating IV Drip administration.	
Antivirals	Height and Weight	*
Behavioral Health	Height Weight KG	
Gastrointestinal Heart Failure		

- 4. Select Other Agents and select one of the Monoclonal Antibody Therapy Plans
 - Bamlanivimab/Etesevimab
 - Casirivimab/Imdevimab

Therapy Plans			? ∡
THERAPY PLANS			
Problem List	COVID Treatment		† ‡
DOCUMENT DOSING			
Dosing Weight	⑦ No assigned therapy plan		
THERAPY PLANS	Search	Assign	
Antibacterials	Available 🚿		
Antifungals	BAMLANIVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC)	会員 CASIRIVIMAB/IMDEVIMAB (/ PEDIATRIC)	NDULT AND ☆신
Antivirals			
Behavioral Health			
COVID Treatment	Close	1 F	Previous 🖡 Next

- 5. Enter the appropriate **details**:
 - Plan start date: Enter 'T' for today if you are unsure of the date
 - **Problem**: select the problem that requires the patient to receive treatment
 - Assign Plan: Click Assign Plan

Therapy Plan Properties - BAMLANIVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC)							
Plan name:	BAMLANIVIMAB/ETESI	EVIMAB (ADULT AND PE	EDIATRIC)				
Plan start date:	0						
Lead provider:		Q					
Treatment department:	▲	,o					
Problems Preyiew Problems associated wit None.	r Plan h this treatment are:						
Code De	escription	Most Recent Stage	Overview	Resolves To			
	DVID-19 virus						
Add a new problem	+ Add						
Add to favorites				Assign Plan <u>C</u> ancel			

- 6. The Therapy Plan will open. Some items are prechecked. You can check/uncheck the orders you need. This is a ONE TIME medication, so you will not have to worry about changing the intervals of individual orders.
- 7. Click on the **monoclonal antibody med order**, to open the order details.



8. Print out the Fact Sheets and complete the hard stops

Order Details			How should the order be given on those days?
Order Inst.:	** RESTRICTED: Emergency Use Authoriza be 12 years or older, weigh 40 kg or great BamlaNIVimab/etesevimab is NOT author - Patients hospitalized due to COVID-19 - Patients that require oxygen therapy du - Patients that require an increase in base related computation.	tion for OUTPATIENT administration only ** Order ter and have at least one defined high risk factor in rized for administration to the following patients: e to COVID-19 line oxygen flow rate due to COVD-19 in those on	will be reviewed against appropriate use criteria. Patients must order to receive bamlaNIVimab/etesevimab.
Reference Links:	1. Healthcare Provider Fact Sheet	2. Patient/Family/Caregiver Fact Sheet	3. Patient/Family/Caregiver Fact Sheet (Spanish)
	4. Lexicomp		
 Patient has Mild Does the patient ADULT High-Risk Has the patient, and informed the 	to Moderate Disease, not requiring hospita Ves No meet all eligibility criteria and at least one Ves No c Indication: or parent/caregiver, been given the "Fact SI at it is an unapproved drug authorized for t Ves No	lization or oxygen supplementation due to COVID High-risk indication: heet for Patients, Parents and Caregivers", informed his use?	, J of alternatives to receiving authorized bamlanivimab/etesevimab,
Route:	Intravenous 🔎		

9. **Sign Plan**: Scroll back to the top of the orders and click **Sign Plan**. The plan MUST be signed or the orders cannot be carried out.

COVID Treatment			† ‡
BAMLANIVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC) Plan start: 4/8/2021 🤱 Not assigned – Properties			۶ 🎤
Add a new order	🗸 Sign Plan 🛛	Edit Interval	Actions 🕶
		Show: 🗸 O	rder Details

- 10.When a therapy plan has been signed, the title of the plan will turn green and you will see green check marks by each order.
- 11.**Review Plan**: Click the **Review Plan** when you are done signing the Therapy Plan. The nurse will not be able to act on these orders unless the Review Plan button is selected.

Nursi	ng Orders 🖄						
	Vital Signs	Once	1/1 remaining	0	Thu 4/8/2021		×
	ONE TIME, Starting when released Vital signs prior to infusion including temperature						
	Vital Signs	Once	1/1 remaining	0	Thu 4/8/2021	E	×
	AS DIRECTED, Starting when released, Until Specified Until Specified, Blood pressure, heart rate, and respiratory rate every 15 minutes for the duration of the	e infusion and	l for 1 hour post-inf	usion			
	Monitor	Once	1/1 remaining	0	Thu 4/8/2021	2	×
	UNTIL DISCONTINUED, Starting when released, Until Specified Monitor patient for infusion-related reaction during the infusion and for 1 hour post-infusion						
	Notify: Treatment	Once	1/1 remaining	0	Thu 4/8/2021		×
	UNTIL DISCONTINUED, Starting when released, Until Specified Provider to Notify: Physician Other: if signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, o	r any other in	fusion-related reac	tions			
	Nursing communication	Once	1/1 remaining	0	Thu 4/8/2021	Ξ	×
	Nulling communication						
	INTIL DISCONTINUED, Starting when released, Until Specified If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immedia supportive care and notify the provider. If the patient experiences any other infusion-related reactions, do so by the provider and provide supportive care as directed by provider.	itely discontir stop the infus	nue administration a sion and notify the p	and in provid	itiate appropriate medication (in the second s	ons and/or fusion if directe	d to
Medie	UNITL DISCONTINUED, Starting when released, Until Specified If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immedia supportive care and notify the provider. If the patient experiences any other infusion-related reactions, do so by the provider and provide supportive care as directed by provider.	ately discontir stop the infus	nue administration a sion and notify the p	and in provid	itiate appropriate medicati er. Only restart/slow the in	ons and/or fusion if directe	d to
Media	VUTIL DISCONTINUED, Staring when released, Until Specified If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immedia supportive care and notify the provider. If the patient expeniences any other infusion-related reactions, do so by the provider and provide supportive care as directed by provider. attions ≈ bamlaNVimab 700 mg, etesevimab 1,400 mg in sodium chloride 0.9 % 110 mL total volume IVPB	ately discontin stop the infus Once	tue administration a sion and notify the sion and notify the sion and notify the sion and notify the sion and s	and in provid	itiate appropriate medicati er. Only restart/slow the in Thu 4/8/2021	ons and/or fusion if directe	d to ×
Media	VITIL DISCONTINUED, Staring when released, Until Specified If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immedia supportive care and notify the provider. If the patient experiences any other infusion-related reactions, do so by the provider and provide supportive care as directed by provider. cations bamlaNIVimab 700 mg, etesevimab 1,400 mg in sodium chloride 0.9 % 110 mL total volume IVP8 700 mg ONCE, Intravenous, Administer over 22 Minutes, Starting when released, For 1 dose Monitor patient for infusion-related reactions during infusion and for one hour after. Program on Alaris Pump under bamlaNIVimab using the bamlaNIVimab cose. Infuse using 0.2 or 0.22	tely discontin stop the infus Once	uue administration a sion and notify the p 1/1 remaining e filter. * Do NOT S	and in provid O	itiate appropriate medicativ er. Only restart/slow the in Thu 4/8/2021 ** Protect from Light *	ons and/or fusion if directer 2	d to

Service to Infusion Center Order – IL ONLY

- 1. Search for the new "Service to Infusion Center IL" order
 - a. Add from an Appointment: From the Visit Taskbar \rightarrow click Add Order



b. **Add from the Emergency Department**: Go to the Dispo activity → Select New Order from the Prescriptions & orders component.



- 2. **Process Instructions**: Only place this order **<u>AFTER</u>** an Epic Therapy Plan has been entered and signed by the authorizing Provider.
- 3. **Infusion Location: Select** where the patient will be having their services performed at.
- 4. Has the Therapy Plan been entered and signed by Provider?: Select Yes or No
- 5. Click Accept.



6. Sign your Orders.

Release IV Therapy Medication

1. Open the Infusion activity / Therapy Plans activity

2. Select the **Plan Summary** to show the therapy plan that is ordered. Click the **Therapy Plan hyperlink**.

Therapy Plans						0
THERAPY PLANS	Plan Summary					0 † ↓
Problem List		Туре	Current Treatment	Planned For	×	4
DOCUMENT DOSING -	BAMLANIVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC)	COVID Treatment	Treatment 1	Today	17/17	0/17
Dosing Weight	✓ Close				Previous	Next

3. Click **Begin Treatment** from within the plan.

COVID Treatment		↑ ↓
BAMLANIVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC) Plan start: 4/8/2021 🦷 Not assigned - Properties	Treatment Ed	lit Plan 🎤 🕐
E Begin Treatment 1		Actions 👻
Order Filters: All Due PRN Future	Show: 🗸	Order Details

4. The orders will automatically be selected. Based on the time of day or your location select/unselect orders as needed and click **Release**.

		Interval	Duration	Due	Last Released
	AMLANIVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC) e: 17 due orders have not been released				
V	Nursing Orders 🗠				
	✓ Vital Signs ONE TME, Starting when released Vital signs prior to futurion including temperature	Once	1/1 remaining	Thu 4/8/2021	E
	✓ ✓ Vital Signs AS DIRECTED, Starting when released, Until Specified Until Specified. Blood pressure, heart rate, and respiratory rate every 15 minutes for the duration of the influsion and for 1 hour post-int	Once	1/1 remaining	O Thu 4/8/2021	Ð
	Monitor UNTIL DISCONTINUED, Starting when released. Until Specified Montor patient for indusion-related reaction during the indusion and for 1 hour post-infusion	Once	1/1 remaining	③ Thu 4/8/2021	2
	V V Notify: Treatment UTL DECONTINUES. Starting when released, Unit8 Specified Provider to Molty. Physician Other # Tays and symptoms of a criscially significant hypermentitivity reaction or anaphysius accur, or any other infusion-related reac Other # Tays and symptoms of a criscially significant hypermentitivity reaction or anaphysius accur, or any other infusion-related reac	Once	1/1 remaining	⊙ Thu 4/8/2021	Ð
	✓ V Nutring communication UNTLOCONTINUES, subring when released. UNE Specified trapps and symptems of a similar instance to the Specified trapps and symptems of a similar instance to the symptem sectors or anaphyticits occur, temediative discontinue administration reactions, statistic meteric and only the provider. Only restrictivo the instance in directed to do so by the provider and provider support reactions.	Once and initiate appropriate me ritive care as directed by pr	1/1 remaining dications and/or supportive care ovider.	Thu 4/8/2021 and notify the provider. If the patient	E experiences any other influsion-related
	Medications @				
	✓ stantistWimab 700 mg, etesevimab 1.400 mg in sodium chloride 0.9 % 110 mL total volume IVP8 700 mg ONCE: Intervenou, Administer over 22 Minutes, Starting when released, Fer 1 dose Program Analer Preprudent benattWirthau dings the barrendVirthau for linker using 0.2 or 0.2 micron in-line filter. * Do NOT 5	Once Shake * * Protect from Light	1/1 remaining	O Thu 4/8/2021	8
Begin T	Trendmant 1 Select Orders - 🙀 Release				Treatment 1

- 5. Go to the **MAR** and **complete your normal medication administration workflow**.
- 6. Go back to the Infusion/Therapy plan activity. Select the **Plan Summary** and select the **Therapy Plan hyperlink**. This will reopen the Therapy Plan.
- 7. Click the **Actions** button and select **Complete Treatment**.

BAMLANIVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC) Plan start: 4/8/2021 🔒 Not assigned – Properties	Treatment 1 Edit Plan 🆋 🤅
🗄 Begin Treatment 1 Select Orders 👻 🎣 Release	Started on Thu 4/8/2021 Next Actions 🕶
Order Filters: All Due PRN Future	Day Actions r Details
	✓ Sign Unsigned Orders
Interval Duration	🖋 Start Times
	Complete Treatment
✓ BAMLANIVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC) ⊗	Cancel Treatment
Complete: All due orders have been released	Plan Actions