IV Therapy – Ordering COVID Meds

End Users Affected: Providers

Follow the steps below to order a Therapy Plan for a patient.

IMPORTANT:

- 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.

Ordering a Therapy Plan

- 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

←→ Chart 🧯	Reques Result	👰 Rev 🚺	My Note	Orders	Thera		8
Therapy Plans					1		⑦ ★
THERAPY PLANS Plan Summary	Problem List						+ Care Coordination Note 1
Problem List 2	Search for new problem	+ Add	Reference				Show: 🗌 Past Problems 🛛 🐇
DOCUMENT DOSING - WEIGHT	🖡 🔺 Diagnosis		Hospital	Principal Sort Pr	iority	Updated	
THERAPY PLANS	Hospital (Problems b	eing addressed di	uring this admissio	on)			
Analgesics Antibacterials	COVID-19 virus detected	Create	Overview 🔽	♦ ▲ Lov	v	🛆 🗙 Today Em	ergency, Attending Physician, MD ⊗

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



4. Click COVID Treatment and select one of the Monoclonal Antibody Therapy Plans

Therapy Plans				(?)	. ⊾″
THERAPY PLANS					^
Problem List	COVID Treatment			† ‡	
DOCUMENT DOSING					
Dosing Weight	⑦ No assigned therapy plan				
THERAPY PLANS	Search	+ Assian			
Analgesics					
Antibacterials		~5			
Antifungals	PEDIATRIC)	W.2	PEDIATRIC)	W.2	
Antivirals					
Behavioral Health					
COVID Treatment	✓ Close		1 Previous	Next	

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

Th	erapy Plan Properties - BA	MLANIVIMAB/ETESEVIMAB	(ADULT AND P	EDIATRIC)	
Plan name:	BAMLANIVIMAB/ETESE	EVIMAB (ADULT AND PE	DIATRIC)		
Plan start date:	0				
Lead provider:		0			
Treatment department:	<u> </u>	0			
Problems Preview Plan Problems associated with this None.	treatment are:				
Code Descrip	tion t positivo for dotection of	Most Recent Stage	Overview	R	esolves To
U07.1 COVID	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 the orders.
- 7. Click on the **monoclonal antibody med order** to open the order details.

	Medications \land		
	🗹 😝 bamlaNIVimab 700 mg, etesevimab 1,400 mg in sodium chloride 0.9 % 110 mL total volume IVPB	Once	1/1 remaining
_	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.		

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 Authorizat be 12 years or older, weigh 40 kg or great BamlaNIVimab/etesevimab is NOT authori - Patients hospitalized due to COVID-19 - Patients that require oxygen therapy due - Patients that require an increase in base related competidity.	ion for OUTPATIENT administration only ** Orde er and have at least one defined high risk factor i ized for administration to the following patients: et oCOVID-19 ine oxygen flow rate due to COVD-19 in those or	r will be reviewed against appropriate use criteria. Patients must n order to receive bamlaNIVimab/etesevimab. h chronic oxygen therapy due to underlying non-COVID-19
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 	to Moderate Disease, not requiring hospital Yes No meet all eligibility criteria and at least one H	ization or oxygen supplementation due to COVIE High-risk indication:	³⁷
ADULT High-Risk	k Indication:	Q	
Has the patient, and informed that	or parent/caregiver, been given the "Fact Sh at it is an unapproved drug authorized for th Yes No	eet for Patients, Parents and Caregivers", informe his use?	d of alternatives to receiving authorized bamlanivimab/etesevimab,
Route:	Intravenous P 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 Treatme	t	†↓
BAMLANIVIMAB/ETE	SEVIMAB (ADULT AND PEDIATRIC) Plan start: 4/8/2021 🛛 🤗 Not assigned	d - Properties 🖉 🖉
Add a new order	+ Order	✓ Sign Plan Next Edit Interval Actions ▼
		Show: 🗸 Order 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.

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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.

⊐✓BA	MLAN	IVIMAB/ETESEVIMAB (ADULT AND PEDIATRIC)						
	Nursi	ng Orders «	_					
		Vital signs ONE TIME, Starting when released Vital signs prior to infusion including temperature	Once	1/1 remaining	0	Thu 4/8/2021	B	×
		Vital Signs	Once	1/1 remaining	0	Thu 4/8/2021		×
		AS DIRECTED, Starting when released, Until Specified Until Specified, Blood pressure, heart rate, and respiratory rate every 15 minutes for the duration of	the infusion an	d 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	, or any other i	nfusion-related reac	tions			
		Nursing communication	Once	1/1 remaining	0	Thu 4/8/2021	2	×
		UNTIL DISCONTINUED, Starting when released, Until Specified If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, imme supportive care and notify the provider. If the patient experiences any other influsion-related reaction do so by the provider and provide supportive care as directed by provider.	diately disconti s, stop the infu	inue administration a Ision and notify the p	and in provid	itiate appropriate medical ler. Only restart/slow the i	ions and/or nfusion if directer	d to
	Medio	cations 🗠						
		bamlaNIVimab 700 mg, etesevimab 1,400 mg in sodium chloride 0.9 % 110 mL total volume IVPB	Once	1/1 remaining	0	Thu 4/8/2021	2	×
		700 mg ONCE, Intravenous, Administer over 22 Minutes, Starting when released, For 1 dose Monitor patient for inkusion-related reactions during initission and for one hour after. Program on Alaris Pump under bamiaNIVimab using the bamiaNIVimab dose. Infuse using 0.2 or 0.	22 micron in-lin	ne filter. * Do NOT S	hake	* * Protect from Light *		
	_							
Review	Plan Ne	ver reviewed		Clear U	nsign	ed 🗸 Sign (0) 🗙 Rem	ove (0) Edit Int	erval

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

+ ADD ORDER 🗎

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

←→ Chart Review 🥑	Results 👰 🔞 M	Note Re	B B C C C C C C C C C C C C C C C C	•
Dispo Edpatient Condell discharge	to home/self care.	Suggestions *		@ X
Oclinical Impression	Add from Problem List	+ Other - Lookup	+ Other - Free Text	^
Add a new impression	+ Add	Prescription	ns & Orders + Nev	w Order

- 2. **Process Instructions**: Only place this order **AFTER** 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.

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