

Premier Health Infusion Center
COVID-19 Remdesivir Three Day Infusion Order Form

Patient Name _____ MRN# _____ Date of Birth _____

Patient Phone Number _____

Patient's Allergies _____

Primary Insurance: _____

Ordering Provider _____ Provider Phone/Fax _____ / _____

Diagnosis COVID-19 (ICD-10 U07.1)

Remdesivir Orders should be faxed to **937-223-9837**

Date of Symptom Onset: _____ **Date of Positive Test Result:** _____

Infusion Center Preferred Location:

____ Atrium Medical Center Compton Infusion Center (Monday – Friday) (Must Chose this location for patients requiring a stretcher)

____ Miami Valley Hospital Infusion Center (Seven Days a Week) (Can accommodate patients requiring stretchers)

____ Upper Valley Medical Center Infusion Center (Monday – Friday)

____ First Available

Patient must meet all of the following:

- Mild to moderate symptoms of COVID 19 with first positive test for SARS-CoV-2 virus and onset of symptoms within past 7 days
- Weighs at least 40 kg and is 12 years of age or older
- Does not require oxygen therapy due to COVID-19 or an increase in baseline oxygen flow rate due to COVID-19 in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity

Patient must meet the following high-risk criteria:

- Immunosuppressive Condition: solid organ transplant, uncontrolled HIV, active chemotherapy, chronic high dose steroids (>30mg prednisone for >30 days), or use of biologic agents for treatment of underlying diseases (i.e., TNF alpha inhibitor for RA or Crohn's)

NURSING ORDERS

- ✓ Vital Signs baseline, then immediately following completion of the infusion and then 30 minutes post injections x 2
- ✓ Observe for hypersensitivity within the first 5 minutes and 1 hour post injection
- ✓ Discontinue IV
- ✓ Discharge patient

MEDICATIONS

Remdesivir Infusion (**NOTE: Remdesivir Infusion is a daily infusion for 3 days**)

- Should be initiated as soon as possible after diagnosis of symptomatic COVID-19 and must be administered within 7 days of onset of symptoms
- Discontinue injection for severe reaction shortness of breath, hypotension, hypertension, dyspnea, wheezing or stridor and NOTIFY PHYSICIAN IMMEDIATELY
- ✓ Remdesivir (VEKLURY) infusion panel
 - Day #1 – remdesivir (VEKLURY) 200mg IVPB once
 - Day #2 and #3 – remdesivir (VEKLURY) 100mg IVPB once

SALINE FLUSH WITH CARRIER FLUID

- ✓ Insert saline lock
- ✓ Flush saline lock PRN
- ✓ Discontinue saline lock on discharge
- ✓ Carrier Fluid: Use if continuous IV not infusing
1000 ml intravenous, continuous prn at 10ml/hour

REACTION MEDICATIONS

- ✓ Mild/Moderate Reaction
 - ☑ Discontinue the infusion for fever, chills, nausea, headache, rash including urticaria, pruritis, myalgia or dizziness and call provider for further instructions
- ✓ Severe/Anaphylactic Reaction
 - ☑ Discontinue the infusion for angioedema, shortness of breath, hypotension, dyspnea, wheezing or stridor, administer IM epinephrine, and call provider for further instructions
 - ☑ EPINEPHrine (ADRENALIN) 0.3mg IM every 5 mins PRN severe or anaphylactic reaction (up to 3 doses)
 - ☑ methylprednisolone (SOLU-Medrol) 125 mg IV once PRN severe or anaphylactic reaction
 - ☑ diphenhydrAMINE (BENADRYL) 50 mg IV once PRN severe or anaphylactic reaction
 - ☑ famotidine (PEPCID) 20 mg IV once prn severe or anaphylactic reaction
 - ☑ albuterol (PROVENTIL) 90 mcg/actuation inhalation aerosol, 2 puff, inhalation ONCE prn, shortness of breath, continued shortness of breath following administration of epinephrine IM

Ordering Provider's Signature _____ Date/Time _____