



**NORTH MISSISSIPPI
HEALTH SERVICES**

COVID-19 Treatment

Ambulatory Referral to NMMC Outpatient Infusion - Pediatric - Tupelo

(662) 377-8101 • Fax: (662) 377-5165 • NMMC Main Unit 1 Central (Enter through Emergency Department)

Patient's name _____ SSN# _____ Date of birth _____

City _____ State _____ Contact phone number _____

Order: COVID-19 antibody infusion per protocol. Drug choice will be based on current EUA, NMMC committee recommendations and availability. May be given IV or SubQ.

Observe for one (1) hour. Initiate NMMC Outpatient Infusion Anaphylaxis Protocol for emergency.
Pharmacist to determine solution and rate based on EUA.

Vital Signs including O₂ Sat: Obtain at start of infusion, repeat immediately post-infusion and repeat after 1 hour of post-infusion monitoring.

Patient Inclusion Criteria

_____ Date of symptoms onset
_____ Date of Outpatient COVID POSITIVE Test (mild to moderate symptoms by the NIH criteria)

- Symptom onset within the last 10 days
- Inclusion criteria:
 - Outpatient COVID positive patient (mild to moderate symptoms by the NIH criteria)
 - Symptom onset within last 10 days
 - Ages 12-17
 - Are high-risk for progressing to severe COVID-19 and/or hospitalization
 - Patient must have oxygen saturation greater than or equal to 94% on room air OR
 - If patient is on O₂, they must not have an increased oxygen requirements OR
 - If the patient has a known baseline pulse ox of less than 94% and does not meet the criteria for home oxygen, the provider must document that in his/her note for the patient to be eligible.
- High risk is defined as patients who meet at least one of the following criteria:

<input type="checkbox"/> Obesity or being overweight (for example BMI > 25)	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic kidney disease
<input type="checkbox"/> Immunosuppressive disease or are on immunosuppressive medication	<input type="checkbox"/> Neurodevelopmental disorders
<input type="checkbox"/> Chronic obstructive pulmonary disease/ other chronic respiratory disease	<input type="checkbox"/> Medical-related technological dependence
	<input type="checkbox"/> Sickle cell disease
	<input type="checkbox"/> Are ≥ 65 years of age
	<input type="checkbox"/> Cardiovascular disease OR hypertension
- Other medical conditions _____

See CDC website <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Exclusion Criteria:

- Do NOT meet inclusion criteria
- Weight < 88 lbs
- Require oxygen due to COVID-19 or who require an increase in oxygen from baseline
- History of allergic reaction to monoclonal antibody administration

Fact Sheet for Patients, Parents, and Caregivers given to patient.

YES NO

I acknowledge that I have read and understand the training listed on the following link:
<https://www.nmhs.net/medical-professionals/covid-infusion-treatment/>

Date

Ordering Physician Signature

Ordering Physician Printed Name & Phone Number