



IUKA

COVID-19 Treatment • Ambulatory Referral to NMMC-Iuka

Fax: (662) 423-4046

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. For SubQ administration, vital signs will be done upon admission and discharge.

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 5 days
☐ For patients with mild to moderate symptoms
☐ Mild: Symptoms such as fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell
☐ Moderate: Evidence of lower respiratory disease (shortness of breath, dyspnea, or abnormal chest imaging) and who have an oxygen saturation (SpO2) ≥94% on room air at sea level
☐ Inclusion criteria:
☐ Outpatient COVID positive patient (mild to moderate symptoms by the NIH criteria)
☐ Symptom onset within last 5 days
☐ Age ≥ 18
☐ 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:
☐ Aged ≥ 65 years
☐ Obesity (BMI ≥ 35)
☐ Chronic lung diseases (e.g., chronic obstructive pulmonary disease, moderate-to-severe asthma, interstitial lung disease, cystic fibrosis, pulmonary hypertension)
☐ An immunocompromising condition (e.g. organ or bone marrow transplant, severe immunocompromising therapy, excluding steroids) or immunosuppressive treatment
☐ Chronic liver diseases (e.g., cirrhosis, NAFLD, alcoholic liver disease, autoimmune hepatitis)
☐ CKD stage 4/5 (GFR ≤ 30) and ESRD
☐ Active Tuberculosis
☐ Pregnancy
☐ Neurodevelopmental disorders (e.g., cerebral palsy) or other conditions that confer medical complexity (e.g., genetic or metabolic syndromes and severe congenital anomalies)
☐ Medical-related technological dependence (e.g., tracheostomy, gastrostomy, or positive pressure ventilation that is not related to COVID-19)
☐ Aged ≥ 40 years, and at least two of the following:
☐ Diabetes
☐ Cardio- (and cerebro-)vascular disease
☐ CKD stage 1/2/3
☐ Sickle cell disease
☐ Smoking
☐ Mental health disorder (e.g., mood disorders, anxiety/fear related disorders, substance use disorder, schizophrenia spectrum disorders)
☐ Obesity (BMI ≥ 30)

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

Updated 1/12/22