

# Covid-19 Infusion Ordering Workflow

This tipsheet demonstrates the proper way to order Casirivimab/Imdevimab (Covid-19 Antibody treatment) utilizing the Therapy Plan activity. This tipsheet will cover the workflows for a patient receiving it at a NMHS facility, as well as at an outside (non-NMHS) clinic.

## Ordering Covid-19 Antibody Therapy for Brunson Infusion Center

**WARNING: A REFERRAL ORDER TO INFUSION SERVICES MUST BE PLACED PRIOR TO THE THERAPY PLAN FOR THE PATIENT TO RECEIVE TREATMENT AT NMHS INFUSION SERVICES!**

1. When inside a patient's encounter, place a referral order to the Brunson Infusion Center:

**AMB REFERRAL TO BRUNSON INFUSION** [Accept] [Cancel]

Class: Internal [Internal] [Outgoing] [Incoming Referral]

Status: Normal [Standing] [Future]

Expected Date: 12/1/2020 [Today] [Tomorrow] [1 Week] [2 Weeks] [1 Month] [6 Weeks] [3 Months] [6 Months] [1 Year]

Expires: 6/1/2021 [1 Month] [2 Months] [3 Months] [4 Months] [6 Months] [1 Year] [18 Months]

Priority: Routine [Routine] [STAT]

Department: NMTUPMC

Referral Reason: [Specialty Services Required] [Consult and Treat] [Co-Management of Problem] [Perform Procedure]

**⚠ Patient Inclusion Criteria for Administration - Must meet all Criteria:**

Outpatient COVID positive patient (mild to moderate symptoms)  Symptom onset within the last 6 days

Age >= 65 years  At least one comorbidity

**Patient Exclusion Criteria:**

Do not meet inclusion criteria  Require oxygen due to COVID-19 or who require an increase in oxygen from baseline

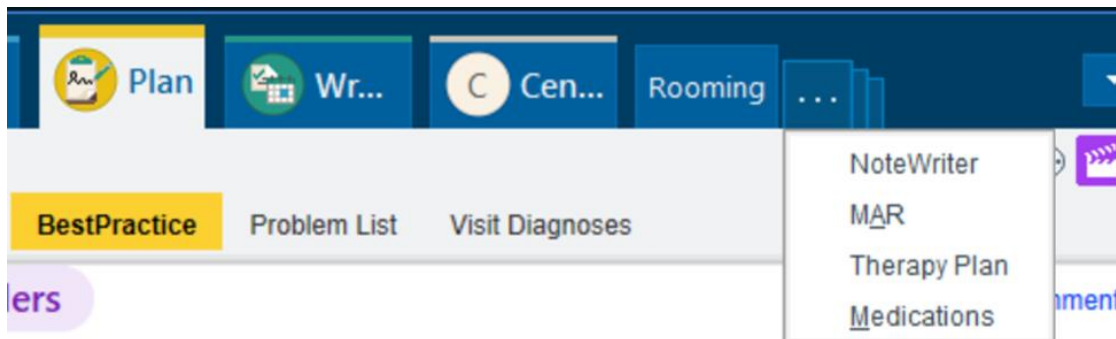
Pregnancy (this was not studied in the study)  History of allergic reaction to monoclonal antibody administration

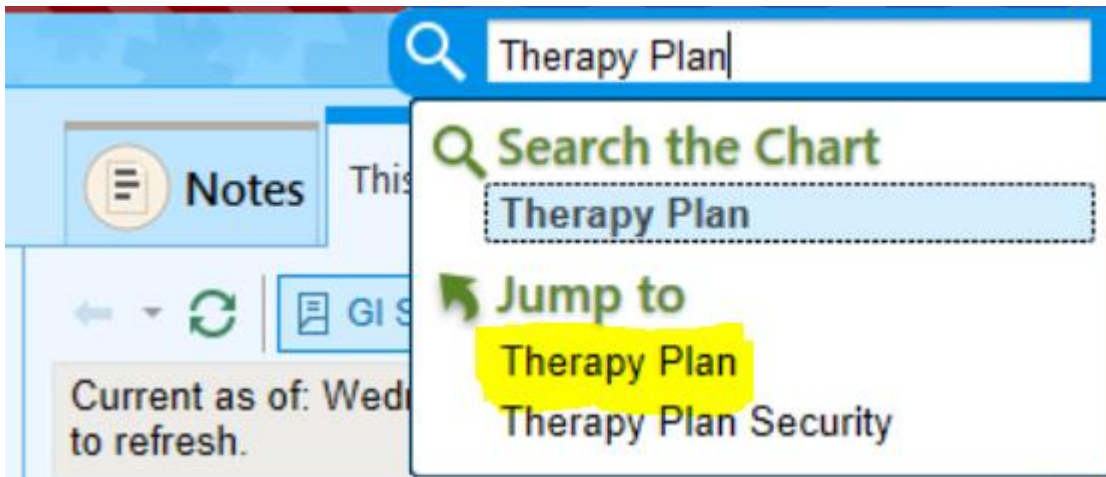
Has Therapy Plan been ordered? [Yes] [No]

Fact Sheet for Patients, Parents and Caregivers given to patient. \*Links available below\*

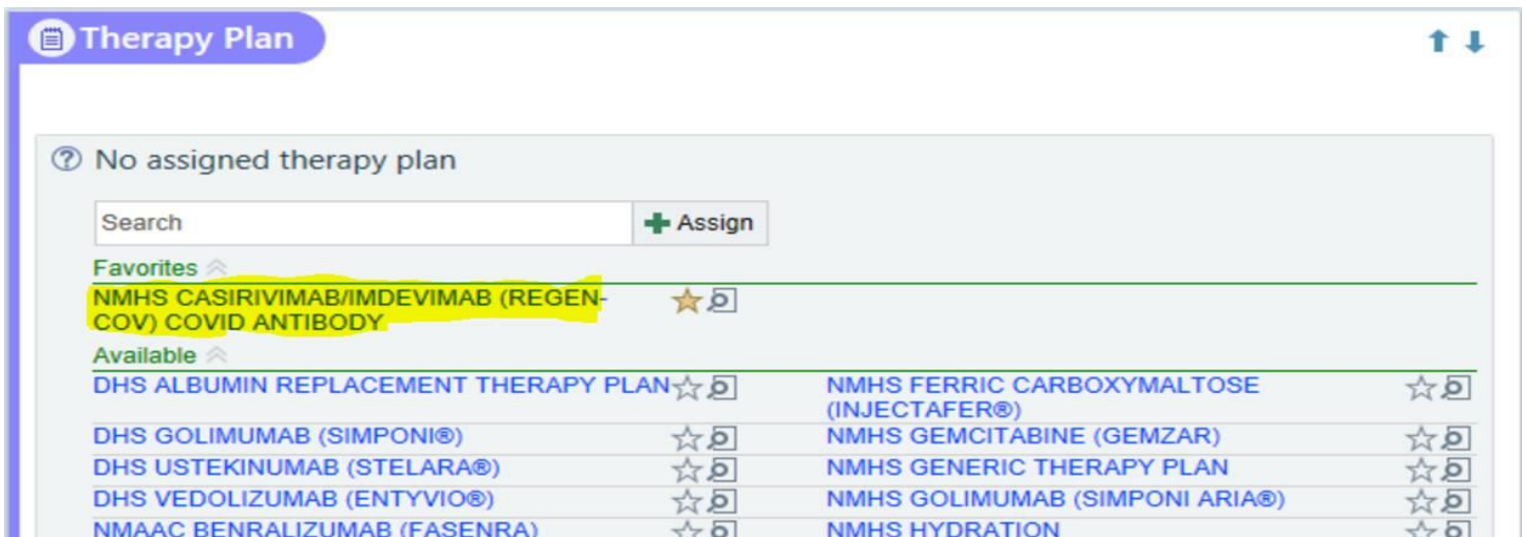
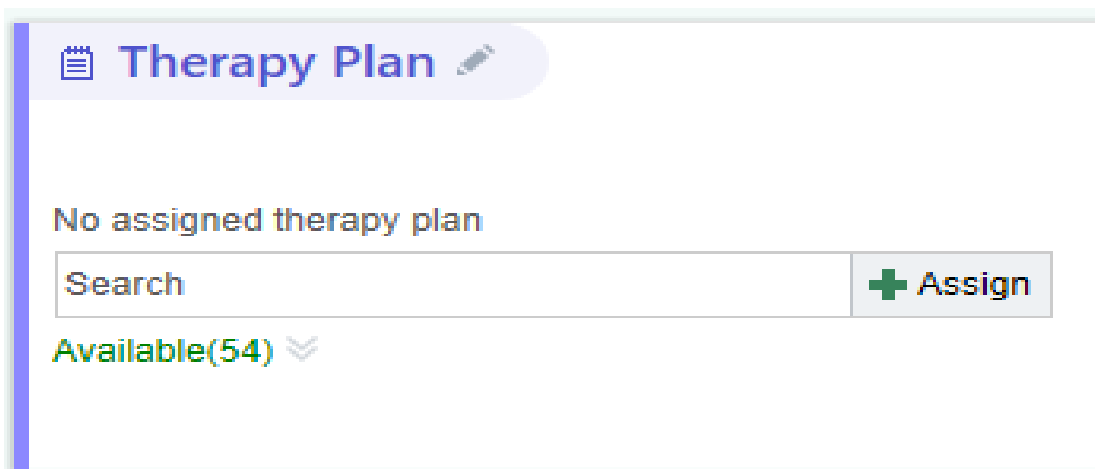
[Yes] [No]

2. Open the therapy plan activity under the "more activities button, or by searching for "therapy plan" under chart search:





3. Click the "Available(54)" link, then scroll to find the "NMHS Casirivimab/Imdevimab (Regen-Cov) Covid Antibody" Therapy Plan.



**PRO-TIP!!!** - Click the star to right to make it a favorite so that it is easier to find the next time the therapy plan is needed!

4. Select the start date, Lead (Ordering) Provider, and “NMTUPMC Brunson Infusion Services” as the treatment department. You can then associate an appropriate diagnosis from the problem list to the therapy plan.

Therapy Plan Properties - NMHS CASIRIVIMAB/IMDEVIMAB (REGEN-COV) COVID ANTIBODY

Plan name: NMHS CASIRIVIMAB/IMDEVIMAB (REGEN-COV) COVID ANTIBODY

Plan start date: 7/23/2021

Lead provider: BASLER, BONNIE NEWMAN

Treatment department: NMTUPMC BRUNSON INFUSION SERVICES

Problems Preview Plan

Problems associated with this treatment are:  
COVID-19 virus detected, Chronic inflammatory demyelinating polyneuritis (CMS/HCC)

Description	Most Recent Stage	Overview	Resolves To
<input checked="" type="checkbox"/> COVID-19 virus detected			COVID-19 virus detected
<input type="checkbox"/> Elevated liver enzymes			
<input type="checkbox"/> Recurrent deep vein thrombosis (DVT) (CMS/HCC)			
<input type="checkbox"/> Cervicogenic headache			
<input type="checkbox"/> Status migrainosus			
<input type="checkbox"/> Joint pain			
<input type="checkbox"/> Mood disorder (CMS/HCC)			
<input type="checkbox"/> Carpal tunnel syndrome			
<input type="checkbox"/> Edema			
<input type="checkbox"/> Cramps, muscle, general			
<input type="checkbox"/> Arthritis			

Add a new problem + Add

Add to favorites Assign Plan Cancel

5. Click “Assign Plan”

6. This will then open the therapy plan with the default options selected.

**NMHS CASIRIVIMAB/IMDEVIMAB (Regen-COV) COVID ANTIBODY** ⤴ Not Signed

Nursing Orders ⤴

<input checked="" type="checkbox"/>	Vital signs	Every visit	Every visit	
Per unit protocol, Starting when released, Until Specified SpO2 must be 94% or greater to meet criteria for infusion. BP, Temp, HR, RR & SpO2 upon arrival, start of infusion, end of infusion, and at discharge.				

Medications ⤴ ↑ Move Up

<input checked="" type="checkbox"/>	Casirivimab solution 600 mg	Once	1/1 remaining	Fri 7/23/2021	
600 mg, Intravenous, Continuous, Starting when released Indications: 2019 Novel Coronavirus Mix with Imdevimab in the same bag. Pharmacist to determine solution and rate. May autosubstitute with Bamlanivimab / Etesevimab based on availability.					
<input checked="" type="checkbox"/>	Imdevimab solution 600 mg	Once	1/1 remaining	Fri 7/23/2021	
600 mg, Intravenous, Continuous, Starting when released Mix with Casirivimab in the same bag. Pharmacist to determine solution and rate. May autosubstitute with Bamlanivimab / Etesevimab based on availability					

Emergency Medications ⤴ ↑ Move Up

<input checked="" type="checkbox"/>	EPINEPHrine (Anaphylaxis) solution 0.3 mg	PRN	PRN	
0.3 mg, Subcutaneous, As needed, Give if Hypotensive or Tachycardic. Repeat every 5-15 minutes as needed if symptoms persist., Starting when released Indications: Anaphylaxis				

7. The provider can then sign and review the therapy plan.

**Review Plan** Never reviewed

**WARNING:**  
**THE PROVIDER MUST SIGN THE THERAPY PLAN. IF IT IS NOT SIGNED BY THE PROVIDER, INFUSION SERVICES WILL NOT BE TO RELEASE THE PLAN AND CHART AGAINST IT!**





# Ordering Covid-19 Antibody Therapy to be Administered at A Community Hospital

1. When inside a patients encounter, place a referral order to “Community Hospital Infusions”:

**AMB REFERRAL TO COMMUNITY HOSPITAL INFUSIONS** ✓ Accept ✗ Cancel

Class:  Outgoing  Internal  Outgoing  Incoming Referral

Status:  Normal  Standing  Future

Expected Date:            Approx.

Expires:

Priority:  Routine  Routine  STAT

Department:

Referral Reason:  Specialty Services Required  Consult and Treat  Co-Management of Problem  Perform Procedure

**⚠ Patient Inclusion Criteria for Administration - Must meet all Criteria:**

Outpatient COVID positive patient (mild to moderate symptoms)  Symptom onset within the last 6 days

Age >= 65 years  At least one comorbidity

**Patient Exclusion Criteria:**

Do not meet inclusion criteria  Require oxygen due to COVID-19 or who require an increase in oxygen from baseline

Pregnancy (this was not studied in the study)  History of allergic reaction to monoclonal antibody administration

Has medication for injection been ordered?  Yes  No

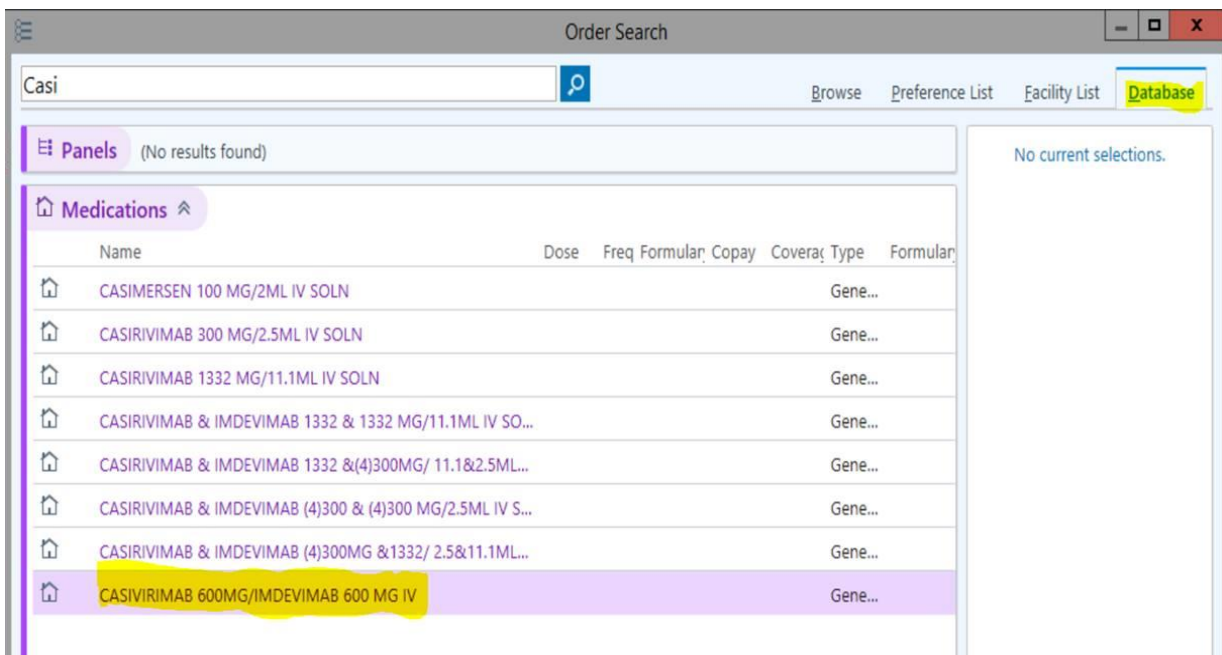
Fact Sheet for Patients, Parents and Caregivers given to patient. \*Links available below\*

Yes  No

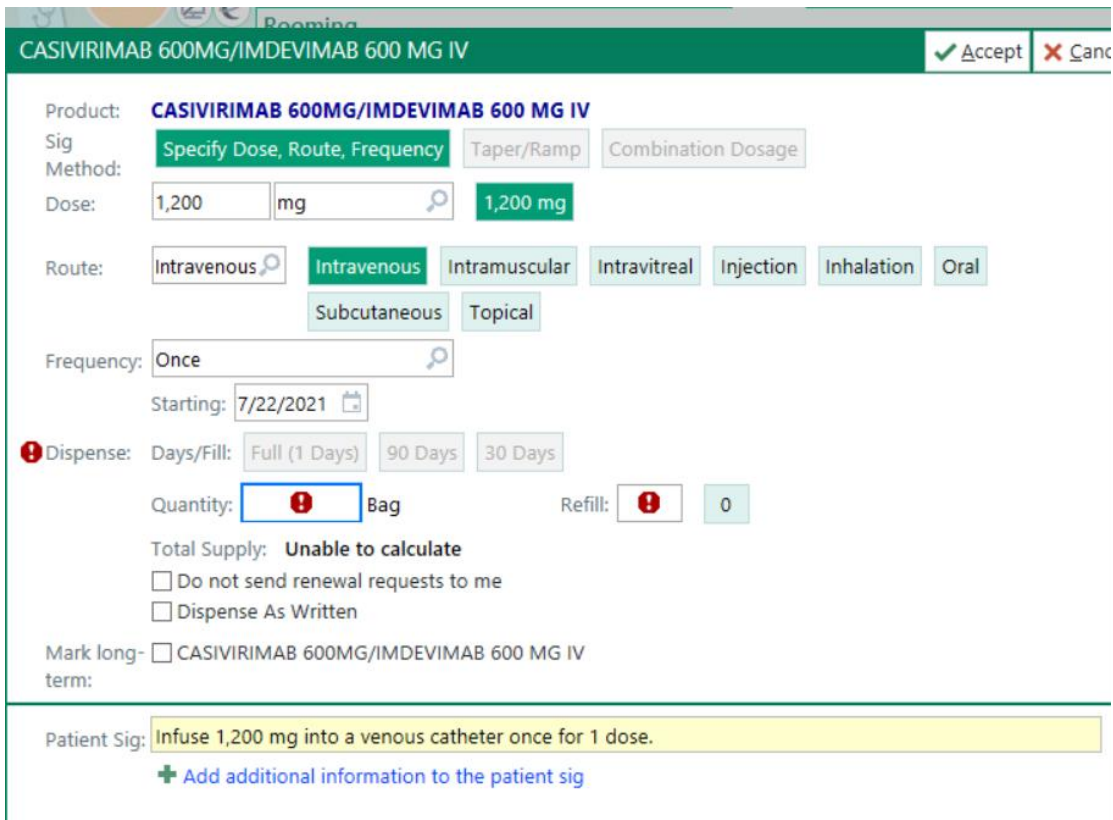
2. Place an order for “Casirivimab” on the visit taskbar as you would for any medication or order.

Casirivimab

3. Navigate to the “database” tab, and select the order:



4. Click "Accept" to open the order composer and make your ordering selections
5. Choose "Print" as the "Class":



**PRO-TIP!!!** - Click the star to right to make it a favorite so that it is easier to find the next time the order is needed!

6. Associate the order with an appropriate diagnosis then sign the order. This will then trigger the order to print at the designated prescription printer.