



IUKA

COVID-19 Treatment

Ambulatory Referral to NMMC Outpatient Infusion - Pediatric - 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.

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:
Obesity or being overweight (for example BMI > 25)
Diabetes
Immunosuppressive disease or are on immunosuppressive medication
Chronic obstructive pulmonary disease/ other chronic respiratory disease
Pregnancy
Chronic kidney disease
Neurodevelopmental disorders
Medical-related technological dependence
Sickle cell disease
Are >= 65 years of age
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