COVID-19 OUTPATIENT MONOCLONAL ANTIBODY INFUSION ORDERS

✓ Place peripheral IV

✓ Monoclonal Antibody Infusion Orders
  o bamlanivimab 700 mg IV over 1 hour once
  o casirivimab – imdevimab 2400 mg IV over 1 hour once

✓ Hypersensitivity Reaction Management
  ✓ For ALL Reactions:
    ▪ Provide supplemental oxygen via nasal cannula to keep O2 saturation >94%
    ▪ Obtain vital signs and O2 saturation every 10 minutes
    ▪ Refer to orders below for symptomatic management
    ▪ Contact physician
    ▪ Complete FDA Medwatch Event Report

✓ For fever or chills:
  ▪ acetaminophen 1000 mg PO once

✓ For itching, rash, hives or flushing:
  ▪ diphenhydramine 25 mg IV once
  ▪ famotidine 20 mg IV once
  ▪ If patient desires to complete infusion, decrease monoclonal antibody infusion rate by half
    • Change bamlanivimab infusion rate to 100 mL/hour until bag complete
    • Change casirivimab – imdevimab infusion rate to 125 mL/hour until bag complete

✓ For shortness of breath, wheezing, or chest tightness:
  ▪ Discontinue monoclonal antibody infusion
  ▪ diphenhydramine 50 mg IV once
  ▪ albuterol neb 2.5 mg INH once
  ▪ methylprednisolone 125mg IVP once

✓ For stridor, severe bronchospasm, sensation of throat closure or choking, or SBP <90
  ▪ Discontinue monoclonal antibody infusion
  ▪ Evaluate airway
  ▪ epinephrine 0.3 mg IM once into anterolateral thigh
  ▪ Place patient into recumbent position with lower extremities elevated
  ▪ 0.9% sodium chloride 500 mL IV bolus once
  ▪ Call “Condition” / Call 911
Monitoring for nurses and prescribers

- Patients treated with monoclonal antibody treatment should continue to self-isolate and use infection control measures (e.g., wear mask, isolate, social distance, avoid sharing personal items, clean and disinfect “high touch” surfaces, and frequent handwashing) according to CDC guidelines.
- **Clinically monitor patients, including vital signs during administration and observe patients for at least 1 hour after infusion is complete.**
- There is a potential for serious hypersensitivity reaction, including anaphylaxis, with administration of monoclonal antibody treatment. If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immediately discontinue administration, and initiate appropriate medications and/or supportive care.

Suggested medications to be available in Nursing home infusion site: E-Box for MAb infusions:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Number of doses</th>
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</thead>
<tbody>
<tr>
<td>epinephrine 0.3 mg IM</td>
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<tr>
<td>methylprednisolone 125mg</td>
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<tr>
<td>diphenhydramine 50 mg IV</td>
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<tr>
<td>famotidine 20 mg IV</td>
<td></td>
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<tr>
<td>Albuterol syr 2 mg PO</td>
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<tr>
<td>Diphenhydramine 25mg PO</td>
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