AdvocateAuroraHealth™

Formulary approved equivalent will be dispensed unless the words "NO SUBSTITUTES" are written.

# ADULT IV REMDESIVIR THERAPY PLAN (EPIC #5265)

Date of Order: _____ Time of Order: _____

**Diagnosis**

- ☑ Diagnosis (specify):_____

**Nursing Orders**

- ☑ Vital signs prior to infusion including temperature
- ☑ Blood pressure, heart rate, and respiratory rate every 15 minutes for the duration of the infusion and for 1 hour post-infusion
- ☑ Initiate IV Access
- ☑ Monitor patient for infusion-related reaction during the infusion and for 1 hour post-infusion
- ☑ Notify provider if signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, or any other infusion-related reactions
- ☑ If signs and symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur, immediately discontinue administration and initiate appropriate medications and/or supportive care and notify the provider. If the patient experiences any other infusion-related reactions, stop the infusion and notify the provider. Only restart/slow the infusion if directed to do so by the provider and provide supportive care as directed by provider.
- ☑ Discontinue IV prior to discharge
- ☐ After infusion is complete, line is flushed, and site dressed, IV catheter may be left in place for duration of 3 daily infusions providing line remains patent, and patient is agreeable and decisional.

**Medications**

- ☑ remdesivir (VEKLURY) infusion, 200mg, Once, Intravenous, Infuse over 60 minutes, DAY 1: LOADING DOSE. FLUSH line with at least 30 mL of 0.9% sodium chloride to ensure complete administration of remdesivir dose. The compatibility of remdesivir with IV solutions and medications other than 0.9 saline is not known.
  - ☑ Does the patient have a positive COVID PCR test or positive observed antigen test?
    - ☐ Yes
    - ☐ No, Remdesivir is NOT appropriate for ordering. Cancel Order.
  - ☑ Is the patient at high risk for progression to severe disease as defined by the CDC?
    - ☐ Yes
    - ☐ No, Remdesivir is NOT appropriate for ordering. Cancel Order.
- ☑ remdesivir (VEKLURY) infusion, 100mg, Once, Intravenous, Infuse over 60 minutes, DAY 2 and DAY 3 FLUSH line with at least 30 mL of 0.9% sodium chloride to ensure complete administration of remdesivir dose. The compatibility of remdesivir with IV solutions and medications other than 0.9 saline is not known.
- ☑ ondansetron (ZOFRAN) 4mg Once PRN, Intravenous, Nausea and Vomiting
- ☐ acetaminophen (TYLENOL) tablet 650 mg Once PRN, Oral, Fever, temperature greater than 101 degrees Fahrenheit

***Peripheral IV***

- ☑ Peripheral Flushing
  - ☑ sodium chloride 0.9% flush bag, 30 mL RPN, Intravenous, Flush. To flush tubing following intermittent infusions
  - ☑ sodium chloride (PF) 0.9% injection 2 mL every 12 hours scheduled, Intracatheter

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***PRN Emergency Medications***

- ☑ EPINEPHrine (ADRENALIN) 0.3 mg EVERY 5 MIN PRN, Intramuscular, Hypersensitivity/Anaphylaxis Reaction, For 3 doses. May repeat every 5-10 minutes x 3 doses total. Epinephrine should be administered first, as soon as anaphylaxis is suspected.
- ☑ Anti-histamines
  - ☑ diphenhydrAMINE (BENADRYL) injection 50 mg ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, For 1 dose. Give IV push (25mg/min maximum) over 1 to 2 minutes
    **AND**
  - ☑ famotidine (PEPCID) injection 20 mg ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, For 1 dose. Dilute with 5-10 mL NaCL 0.9%. Give each 20 mg over 2 minutes
- ☑ methylPREDNISolone (solu-MEDROL) PF injection 125 mg
  - ☑ methylPREDNISolone (solu-MEDROL) PF injection 125 mg ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, For 1 dose. Reconstitute vial with 2 mL Sterile Water (Conc = 62.5 mg/mL)
- ☑ Beta-2 Agonists
  - ☐ albuterol (VENTOLIN) nebulizer 5 mg EVERY 20 MIN PRN, Nebulization, Asthma Symptoms, Shortness of Breath, Wheezing, For 3 doses
    **OR**
  - ☑ albuterol (VENTOLIN) inhaler 2 puff 2 puff EVERY 20 MIN PRN, Inhalation, Asthma Symptoms, Shortness of Breath, Wheezing, For 3 doses
- ☑ sodium chloride boluses and infusions
  - ☑ sodium chloride (NORMAL SALINE) 0.9% bolus 500 mL every 30 minutes PRN, Intravenous, for Hypersensitivity/Anaphylaxis Reaction, Hypotension, For 3 doses
  - ☑ sodium chloride (NORMAL SALINE) 0.9% bolus 500 mL every 30 minutes PRN, Intravenous, for Hypersensitivity/Anaphylaxis Reaction, if patient's blood pressure drops by greater than or equal to 20 mmHg and the patient is symptomatic. For 3 doses
  - ☑ sodium chloride (NORMAL SALINE) 0.9% infusion, 10 mL/hour, Intravenous, Continuous PRN, Hypersensitivity/Anaphylaxis Reaction, to keep vein open

Other: _____

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Date Signed: _____ Time Signed: _____ Physician Signature_____