AdvocateAuroraHealth™

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

PEDIATRIC REMDESIVIR >40 KG AND > 12 Y.O. THERAPY PLAN (EPIC #5266)

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 1 hour post-injection
- ☑ Initiate IV Access in the event of signs of anaphylaxis
- ☑ Discontinue IV prior to discharge
- ☑ 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 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 injection-related reactions, stop the administration, and notify the provider. Only restart/slow the administration if directed to do so by the provider and provide supportive care as directed by provider.
- ☐ 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

Date Signed: _____ Time Signed: _____ Physician Signature_____

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PRN Emergency Medications (Pediatrics)

- ☑ Epinephrine
  - ☐ EPINEPHrine (ADRENALIN) injection. 0.01mg/kg, INTRAMUSCULAR, Anaphylaxis, Hypersensitivity Reaction. For 3 doses For patients less than 4 kg. Epinephrine should be administered first, as soon as anaphylaxis is suspected.
  - ☐ EPINEPHrine (ADRENALIN) injection 0.05 mg. INTRAMUSCULAR, Anaphylaxis, Hypersensitivity Reaction. For 3 doses For patients 4- 6.9 kg. Epinephrine should be administered first as soon as anaphylaxis is suspected.
  - ☐ EPINEPHrine (ADRENALIN) injection 0.1 mg. INTRAMUSCULAR, Anaphylaxis, Hypersensitivity Reaction. For 3 doses For patients 7-10.9 kg. Epinephrine should be administered first as soon as anaphylaxis is suspected.
  - ☐ EPINEPHrine (ADRENALIN) injection 0.15 mg. INTRAMUSCULAR, Anaphylaxis, Hypersensitivity Reaction. For 3 doses For patients 11-16.9 kg. Epinephrine should be administered first as soon as anaphylaxis is suspected.
  - ☐ EPINEPHrine (ADRENALIN) injection 0.2 mg. INTRAMUSCULAR, Anaphylaxis, Hypersensitivity Reaction. For 3 doses For patients 17-22.9 kg. Epinephrine should be administered first as soon as anaphylaxis is suspected.
  - ☐ EPINEPHrine (ADRENALIN) injection 0.3 mg. INTRAMUSCULAR, Anaphylaxis, Hypersensitivity Reaction. For 3 doses For patients greater than or equal to 23 kg. Epinephrine should be administered first as soon as anaphylaxis is suspected.
- ☑ Antihistamines
  - ☑ diphenhydrAMINE (BENADRYL) injection 1 mg/kg ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, Starting when released. Give IV push (25mg/min maximum) over 2 minutes. (Max 50 mg)
  - ☑ famotidine (PEPCID) injection 0.5 mg/kg ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, Starting when released Dilute with 5-10 mL NaCL 0.9%. Administer over 2 minutes (Max 20 mg)
- ☑ methylPREDNISolone (solu-MEDROL) PF injection 125 mg vial 2 mg/kg (Max: 125 mg) ONCE PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, Starting when released Reconstitute vial with 2 mL Sterile Water (Conc = 62.5 mg/mL)
- ☑ Albuterol Nebulizer
  - ☐ albuterol (VENTOLIN) nebulizer (Less than 20 kg)2.5 mg EVERY 20 MIN PRN, Nebulization, Asthma Symptoms, Shortness of Breath, Wheezing, Starting when released, For 3 doses
  - ☐ albuterol (VENTOLIN) nebulizer (20 kg and greater)5 mg EVERY 20 MIN PRN, Nebulization, Asthma Symptoms, Shortness of Breath, Wheezing, Starting when released, For 3 doses
- ☑ Albuterol Inhaler
  - ☐ albuterol (VENTOLIN) inhaler (Less than 20 kg) 4 puff EVERY 20 MIN PRN, Nebulization, Asthma Symptoms, Shortness of Breath, Wheezing, Starting when released, For 3 doses
  - ☐ albuterol (VENTOLIN) inhaler (20 kg and greater) 8 puffs EVERY 20 MIN PRN, Nebulization, Asthma Symptoms, Shortness of Breath, Wheezing, Starting when released, For 3 doses
- ☑ Fluids/Boluses
  - ☑ sodium chloride 0.9 % bolus 20 mL/kg EVERY 30 MIN PRN, Intravenous, Hypersensitivity/Anaphylaxis Reaction, Hypotension, Starting when released, For 3 doses (Maximum volume 1000mL)
  - ☑ sodium chloride 0.9 % infusion, 10 mL/ hr, Intravenous, Continuous PRN to keep vein open. For hypersensitivity/ anaphylaxis reaction.

Other:_____

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Date Signed: _____ Time Signed: _____ Physician Signature_____