

Title: Administering Therapy Plan for OPD Bamlanivimab (EUA FOR COVID ONLY)

Application: Ambulatory

Affected Role: RN

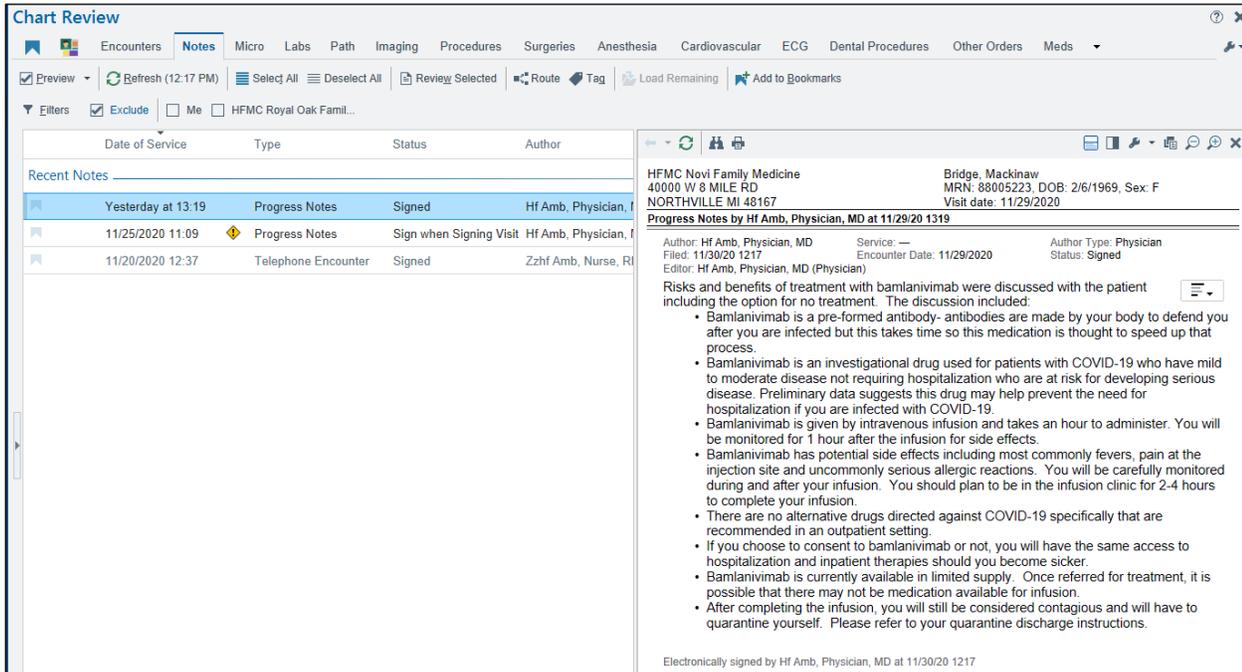
Date: 12/21/2020

Revision Number: 6

Administration of the Monoclonal Antibodies from the OPD Bamlanivimab Therapy Plan.

Try It Out

1. Open the patient's chart from a face to face visit encounter.
 - a. Only release and administer the Therapy Plan during a face-to-to face encounter. Do Not release or administer Therapy Plan treatments from an Orders Only Encounter.
2. To locate the consent, go to Chart Review. Open the encounter where the Bamlanivimab Therapy Plan was placed. The consent will be in the note from the Encounter.



The screenshot shows the 'Chart Review' interface. On the left, a table lists recent notes:

Date of Service	Type	Status	Author
Yesterday at 13:19	Progress Notes	Signed	Hf Amb, Physician, MD
11/25/2020 11:09	Progress Notes	Sign when Signing Visit	Hf Amb, Physician, MD
11/20/2020 12:37	Telephone Encounter	Signed	Zzhf Amb, Nurse, RN

The right pane displays a progress note titled 'Progress Notes by Hf Amb, Physician, MD at 11/29/20 1319'. The note content includes:

Risks and benefits of treatment with bamlanivimab were discussed with the patient including the option for no treatment. The discussion included:

- Bamlanivimab is a pre-formed antibody- antibodies are made by your body to defend you after you are infected but this takes time so this medication is thought to speed up that process.
- Bamlanivimab is an investigational drug used for patients with COVID-19 who have mild to moderate disease not requiring hospitalization who are at risk for developing serious disease. Preliminary data suggests this drug may help prevent the need for hospitalization if you are infected with COVID-19.
- Bamlanivimab is given by intravenous infusion and takes an hour to administer. You will be monitored for 1 hour after the infusion for side effects.
- Bamlanivimab has potential side effects including most commonly fevers, pain at the injection site and uncommonly serious allergic reactions. You will be carefully monitored during and after your infusion. You should plan to be in the infusion clinic for 2-4 hours to complete your infusion.
- There are no alternative drugs directed against COVID-19 specifically that are recommended in an outpatient setting.
- If you choose to consent to bamlanivimab or not, you will have the same access to hospitalization and inpatient therapies should you become sicker.
- Bamlanivimab is currently available in limited supply. Once referred for treatment, it is possible that there may not be medication available for infusion.
- After completing the infusion, you will still be considered contagious and will have to quarantine yourself. Please refer to your quarantine discharge instructions.

Electronically signed by Hf Amb, Physician, MD at 11/30/20 1217

3. Open **Outpatient Therapy Plan**.
 - a. Search for Outpatient Therapy Plan in your Search Tool located in Storyboard.



- b. Outpatient Therapy Plan is also located under the more activities drop down arrow and select Outpatient Therapy Plan.

The screenshot shows the 'Medications & Orders' section of the Henry Ford Health System interface. A dropdown menu is open, showing various options. The option 'Outpatient Therapy Plan' is highlighted with a red box. The main content area displays a list of medications and orders, including 'acetaminophen (TYLENOL) tablet 650 mg' and 'capmatinib 200 mg Tab'. The interface includes a navigation bar at the top with tabs for 'Orders', 'PDMP', 'Notes', 'Interpreter Services', 'Communications', 'Research Studies', and 'Patient Station'. A sidebar on the left contains 'Expand/Collapse All' and 'Collapse' buttons. The main content area has a 'Patient-Reported' section and a 'Medications and orders also exist in active treatment plans:' section. The 'Outpatient Therapy Plan' option is highlighted in the dropdown menu.

4. In the Outpatient Therapy Plan activity in the Treatment section, click **Begin Treatment**.

The screenshot shows the 'OPD BAMLANIVIMAB (EUA FOR COVID ONLY)' treatment plan interface. The 'Begin Treatment 1' button is highlighted with a red box. The interface includes a 'Treatment' tab and an 'Edit Plan' button. The 'Order Filters' section shows 'All' selected. The 'Order Details' section shows 'OPD BAMLANIVIMAB (EUA FOR COVID ONLY)' with a 'Due: 10 due orders have not been released' message. The 'Interval', 'Duration', 'Due', and 'Last Released' columns are visible. The 'Begin Treatment 1' button is highlighted in red.

5. All due orders will be automatically selected.
6. Review all Nursing Communication Orders.
7. Click **Release**.
8. Open the **MAR**.
9. Click on the **Due Time** of the bamlanivimab.

The screenshot shows the 'bamlanivimab 700 mg in sodium chloride 0.9 % infusion' order details. The '1300 Due' button is highlighted with a red box. The interface includes a 'Dose 700 mg : 200 mL/hr : Intravenous : Once' section. The 'Admin Instructions' section provides preparation instructions: 'To prepare: remove vial from refrigerator 20 minutes before prep of IVPB. Gently invert vial approximately 10 times prior to dilution. Do not shake. Remove 70 mL of 0.9% NaCl from 250 mL bag. Inject 20 mL of bamlanivimab into the bag. Gently invert to mix. Discard vial and any remaining product. Stability: 7 hours at room temperature. Infuse with a 0.22 micron filter. Flush line with at least 25 mLs of 0.9% NaCl following completion of infusion. Ordered Admin Amount: 700 mg'. The '1300 Due' button is highlighted in red.

10. Action should be a New Bag.

Administration Details

Action: New Bag Date: 12/07/2020 Time: 1236 Comment:

Route: Intravenous Site:

Dose: mg Rate: mL/hr Infused Over: Minutes

Order Concentration: 3.5 mg/mL

11. Carry out and document all medication administration on the MAR. Add the NDC and Lot #. Click **Accept**

a. **Do Not** mark as Patient Supplied.

Billing Information:

Component	NDC	Quant...	Unit	Lot Number	Billing Code
BAMLANIVIMAB INTRAVENOUS SOLUTIO	!	700	mg	!	INJ BAMLANIVIMAB 700 MG [Q0:

Billing Provider: Patient Supplied?

12. When the Administration for the Bag is complete. Click **New Administration**.

New Administration

+ [New MAR Action](#)

13. Then click **New MAR Action**.

14. Change Action to **Stopped**. Click **Accept**.

Administration Details

Action: Stopped Date: 12/07/2020 Time: 1241 Comment:

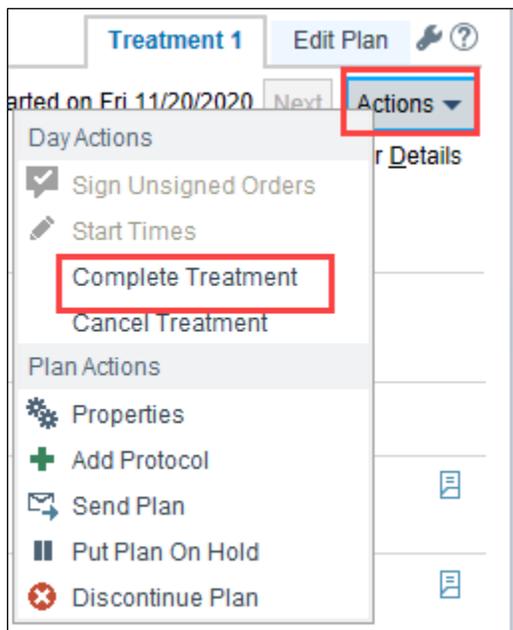
Route: Intravenous Site:

Dose: mg Rate: mL/hr Infused Over: Minutes

Order Concentration: 3.5 mg/mL Last Rate: 200 mL/hr (12/07/20 1236)

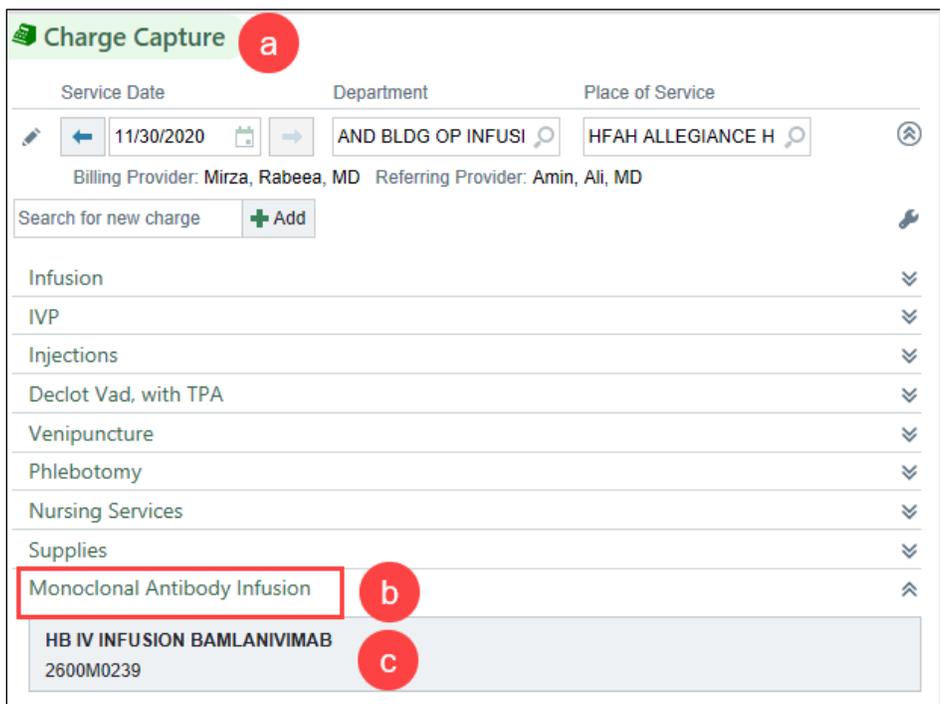
15. When the treatment is complete, return to the Therapy Plan and click the **Actions** button.

16. Click **Complete Treatment**.



17. Open the **Wrap-Up** Activity.

- a. Go to **Charge Capture**.
- b. Click on the **Monoclonal Antibody Infusion**.
- c. Click on the **HB IV Infusion Bamlanivimab**.



- d. Go to **Level of Service**.
- e. Click on 99999 for a Procedure Only Visit.

Level of Service

HOME NL1	HOME NL2	HOME NL3	HOME NL4	HOME NL5
HOME EL1	HOME EL2	HOME EL3	HOME EL4	EL1
EL2	EL3	EL4	EL5	NL1
NL2	NL3	NL4	NL5	99999
InitialMWW	1stMWW	SubMWW		

LOS: Custom

Modifiers: **+**

Additional E/M codes: [Click to Add](#)

Auth prov:

18. Add **HFHS AMB AVS MONOCLONAL ANTIBODY** to Patient Instructions in the Insert SmartText Field. The SmartText Lookup Box will open. Click **Accept**.

SmartText Lookup

Matches	Preview
<ul style="list-style-type: none"> ★ HFHS AMB AVS MONOCLONAL ANTIBODY 	<p>Advised to watch for any rash, itching or shortness of breath over the next few hours after infusion of Bamlanivimab.</p> <p>Advised to watch for worsening of COVID-19 symptoms including worsening oxygenation measured by pulse oximetry to less than 94% on room air upon exertion or rest (by monitoring pulse oximetry at home twice a day at rest and after walking for a couple of minutes in the house) or development of new fever (over 100.4F by monitoring temperature twice a day) at home. If you think you are having a worsening of COVID-19 symptoms or reaction to the infusion or please call ***.</p> <p>Advised to consult with your physician about when to receive the COVID-19 vaccine as you may be advised to wait up to 90 days following today's treatment.</p> <p>In addition, if your COVID symptoms worsen, call you primary care physician or the MyCare Advice Line nurse. If you are having trouble breathing, call 911.</p> <p>Sheet for Patients, Parents and Caregivers Emergency Use Authorization (EUA) of Bamlanivimab for Coronavirus Disease 2019 (COVID-19)</p> <p>You are being given a medicine called bamlanivimab for the treatment of coronavirus disease 2019 (COVID-19). This Fact Sheet contains information to help you understand the potential risks and potential benefits of taking bamlanivimab, which you may receive. Receiving bamlanivimab may benefit certain people with COVID-19. Read this Fact Sheet for information about bamlanivimab. Talk to your healthcare provider if you have questions. It is your choice to receive bamlanivimab or stop it at any time.</p> <p>What is COVID-19?</p>

Favorites Only

19. Print AVS.
 20. Complete/Sign Visit.

21. Fill out State Form. Access the link via One Henry>Covid 19>Monoclonal Antibodies

— Monoclonal Antibodies

[Key Messages for Monoclonal Antibodies - All Staff](#)

[Tier 1: Clinical Indications For Use of Bamlanivimab \(MAB\) Guideline](#)

[Bamlanivimab Therapy– Patient Profile \(State Form\)](#)

[Bamlanivimab Therapy – Report of Admission or Death \(State form\)](#)

- a. The form requests basic patient demographic information as well as any response to the infusion. For the Unique Identifier use the Epic Medication Order Number; go to Chart Review> Meds Tab> double click row for the medication order.
- b. You can find information in the patient consent in Chart Review to assist in filling out the State Forms.

Please answer the following questions:

14. Presenting signs and symptoms at the time of the clinical evaluation resulting in the order for MAB therapy. Check all that apply.

- A. Patient complains of any shortness of breath
- D. Any other COVID-19 symptoms (headache, cough, fever/chills, fatigue, body aches, sore throat)

15. For adult patients (age > 17 YO) please identify any of the following risk factors for developing severe COVID-19 disease. Select all that apply.

- B. Age >54 years old AND PMH of cardiovascular disease, or hypertension, or COPD/other chronic respiratory disease

16. For pediatric patients (age >11 YO and <18 YO) please identify any of the following risk factors for developing severe COVID-19 disease. Select all that apply.

- C. Congenital or acquired heart disease would have to pull in entire problem list

Patient history :

Vitals:

Visit Vitals

BP	120/80 (BP Location: Left upper arm, Patient Position: Sitting, Cuff Size: 4 - Adult)
SpO2	92%