



fraserhealth

Regional Pre-Printed Orders for COVID-19 (Mild) Therapy – Adult



Form ID: DRDO107553C

Rev: May 04, 2022

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DRUG & FOOD ALLERGIES

- Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

- Fax completed pre-printed orders to desired outpatient infusion facility (see back of page 1 for fax numbers).

MONITORING:

- Check temperature prior to initiating infusion daily
- Collect CBC, serum creatinine, liver function test prior to first infusion

MILD COVID-19 INFECTION:

Criteria for remdesivir in patients with mild COVID-19:

- Confirmed mild COVID-19 (not on supplemental oxygen or requiring an increase in baseline home oxygen)
- *AND*
- Within 7 days of symptom onset. **Date of symptom onset:** _____
- *AND*
- At increased risk for disease progression (see back of page 1)
- *AND*
- Unable to receive oral PAXLOVID
- remdesivir** 200 mg IV once STAT, then 100 mg IV daily x 2 days (nonformulary - pharmacy to supply)

For hemodialysis:

- remdesivir** 200 mg IV once STAT, then 100 mg IV with next HD run (Both doses to be given with HD run. Second dose should be given between 48 to 72 hours from first dose. Nonformulary- pharmacy to supply)

For Peritoneal dialysis and non-dialysis chronic kidney disease with eGFR less than 30 ml/min:

- remdesivir** 200 mg IV once STAT, then 100 mg IV daily x 2 days (nonformulary- pharmacy to supply)

TREATMENT FOR INFUSION REACTION (see back of page 1 for symptoms):

- Stop **remdesivir**
- Check vital signs and inform MRP

Infusion reaction symptom management:

- **diphenhydrAMINE** 50 mg IV x 1 dose PRN for angioedema *AND*
- **hydrocortisone** 100 mg IV x 1 dose PRN for angioedema
- **diphenhydrAMINE** 25 to 50 mg PO *OR* 25 mg IV x 1 dose PRN for pruritus or rash
- **salbutamol** 100 mcg/puff inhale 2 puffs with aerochamber x 1 dose PRN for dyspnea or bronchospasm
- **dimenhyDRINATE** 25 to 50 mg PO *OR* 25 mg IV x 1 dose PRN for nausea
- **acetaminophen** 975 mg PO x 1 dose PRN for fever, chills, headache, myalgia or dizziness
- For SBP less than 90 mmHg, sodium chloride 0.9% 500 mL IV bolus x 1 dose

Prescriber Contact Number (for any infusion issues): _____

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name	College ID#

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Risk factors for disease progression:

Patients at highest risk of progression to severe disease (5% or greater) should be prioritized. This includes:

- Severely immunocompromised individuals, clinically extremely vulnerable (CEV) Group 1, regardless of vaccine status or previous infection.
- Moderately immunocompromised individuals (CEV Group 2) or those with certain high-risk conditions (CEV Group 3) who are EITHER:
 - 50 years or older regardless of vaccine status or previous infection OR
 - Less than 50 years old with 0 to 2 vaccine doses or previous infection alone
- Individuals who score 5 points or more (add points from all three sections)

Section 1: Age (select ONE)	Point Value
70 or greater	2
50 to 69	1
Less than 50	0
Section 2: Vaccine Status (select ONE)	
Unvaccinated and no previous infection	3
Vaccinated with 1 or 2 doses OR previous infection alone	1
Vaccinated with booster (3 doses) OR previous infection and any vaccination	0
Section 3: At-Risk Conditions (select ONE with the highest value)	
CEV 1	6
CEV 2 or 3	4
Indigenous	2
3 or more chronic conditions or comorbidities	2
1 to 2 chronic conditions or comorbidities	1
No chronic conditions	0

- Pregnant individuals with ANY of the following:
 - Age greater than 35 years old
 - BMI greater than 30 kg/m²
 - Pre-existing diabetes mellitus (Type 1 or type 2)
 - Pre-existing hypertension

Note: No fetal monitoring is required following administration in pregnant patients.

For further guidance including CEV Group definitions refer to Firstline app or <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/treatments>

Considerations for remdesivir

- Monograph contraindicates remdesivir in renal impairment (eGFR 30 or less) or hepatic impairment (ALT 5 times upper limit of normal or greater). However, limited observational data suggest remdesivir can be used in these patients if potential benefit outweighs the risks.
- Concomitant use of remdesivir with chloroquine or hydroxychloroquine is not recommended.

Symptoms of infusion-related reactions:

- dyspnea, fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash, pruritus, myalgia, or dizziness

Outpatient Infusion Facility Fax Numbers

ARH*	604-851-4908	ERH	604-469-3159	PAH	604-542-4095
BH	604-431-2807	JPOCSC	604-582-3742	RCH	604-520-4883
CGH	604-795-4101	LMH	604-514-6155	RMH	604-466-6962
DH	604-946-6220	MMH	604-820-8730		

*ARH Note: If the referral is urgent between Friday at 1530 to Monday at 0800, the IV Therapy in charge nurse should be contacted at 604-851-4764. The fax number to IV Therapy is 604-851-4913