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

- 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:
- diphendramINE 50 mg IV x 1 dose PRN for angioedema *
□ AND*
  - hydrocortisone 100 mg IV x 1 dose PRN for angioedema
- diphendramINE 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):

<table>
<thead>
<tr>
<th>Date (dd/mm/yyyy)</th>
<th>Time</th>
<th>Prescriber Signature</th>
<th>Printed Name</th>
<th>College ID#</th>
</tr>
</thead>
</table>

Print Shop # 263507
Risk factors for disease progression:
For further guidance refer to Firstline app or http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/treatments

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

<table>
<thead>
<tr>
<th>Facility</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARH*</td>
<td>604-851-4908</td>
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<tr>
<td>ERH</td>
<td>604-469-3159</td>
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<tr>
<td>PAH</td>
<td>604-542-4095</td>
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<td>BH</td>
<td>604-431-2807</td>
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<td>JPOCSC</td>
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<td>RCH</td>
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<td>RMH</td>
<td>604-466-6962</td>
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<td>DH</td>
<td>604-946-6220</td>
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<tr>
<td>MMH</td>
<td>604-820-8730</td>
</tr>
</tbody>
</table>

*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