

Ambulatory Referral for Covid Antibody Infusion Therapy

Place a referral order for Covid Antibody Infusion Therapy using the Visit Taskbar (ADD ORDER).

1. Click in the **Add Order** field on the **Visit Taskbar**, type 'ref covid antibody' and press **Enter**.

The screenshot shows the Epic Visit Taskbar. On the left, there are sections for 'SINCE LAST NEMG INTERNAL MEDICINE VISIT' (Cardiovascular, Orthopedics (2), Radiology, Unknown, No results) and 'HEALTH MAINTENANCE' (HIV screening, Cervical cancer screening (Pa...), Prediabetes Surveillance). On the right, there are sections for 'None Taken' and 'Other Vitals' (Menstrual status, OB/Gyn status review, Tobacco, Smoking Status, Smokeless Status, Reviewed). At the bottom, there is a 'Weight (lbs)' field and an 'Add DX (1)' button. The 'Add DX (1)' button is highlighted with a red box, and the text 'ref covid antibody' is entered in the field next to it.

2. Double-click to select the correct monoclonal antibody therapy drug panel order.

The screenshot shows the Epic Order Search window. The search term 'COVID' is entered in the search bar. The 'Panels' tab is selected, and a list of panels is displayed. The first two panels are highlighted with a red box:

Name	User Version Name	Type	ID	Code
AMB Referral for Monoclonal Antibody Therapy and Drug Panel (aka Covid)		Order Panel	400...	O14...
AMB Referral for Post-Exposure Prophylaxis in COVID Negative Patient Using COVID Mo...		Order Panel	400...	O14...
Influenza and COVID Laboratory Testing (aka COVID)		Order Panel	395...	O12...

3. Click on the name of the order to complete the screening questions.

The screenshot shows the Epic Referral for Casirivimab/Imdevimab Infusion form. The form is titled 'Referral for Casirivimab/Imdevimab Infusion' and includes a red alert icon. The form contains the following sections:

- Ambulatory referral to Infusion/ Treatment- YNH Antibody Infusion New Haven**
 - Internal Referral, Routine, YNH ANTIBODY INFUSION NEW HAVEN, Specialty
 - Services Required, Sign
- Nursing communication**
 - Routine, UNTIL DISCONTINUED, starting today at 1420, Until Specified
 - Infusion, If O2 saturation is <94%, do not give antibody inf... provider. Monitor for infusion related reactions: and obser... until 15 minutes after initiation of maximum dose of casiriv... and then every 30 minutes until 1 hour after infusion comp... reactions occurs stop casirivimab/imdevimab infusion, noti... and administer emergency medications as ordered. When... authorized by provider, restart at half the rate and if tolera... increase to 200ml/hr., Sign & Hold
 - casirivimab (REGN10933) 600 mg, imdevimab (REGN10934) 600 mg, sodium chloride 0.9% 110 mL - emergency use only 19
 - Intravenous, ONCE, today at 1430, For 1 dose
 - Administer through a 0.2 or 0.22 micron filter. If patient ex... reaction, please file ADR RL solutions event ASAP.
 - Infusion
 - Reason for Use (RFU): Outpatient treatment of mild to moderate COVID-19
 - Sign & Hold
- Insert peripheral IV**
 - Routine, Once, First occurrence today at 1420
 - Infusion, Sign & Hold
- diphenhydramine (BENADRYL) injection 25 mg**
 - 25 mg, IV Push, Once, PRN May Repeat x 1, other, FIRST-line for rash, itching, hives/flushing in absence of other anaphylaxis symptoms., Starting today at 1419, For 2

A red box highlights the text: 'click anywhere within the panel order to open the order composer and complete the questions. Do NOT uncheck or change any of the medications ordered!'

CVS/pharmacy #0857 - EAST HAVEN, CT - 660 FOXON RD. AT MILL BROOK PLAZA
203-469-1938

4. Complete the screening questions and click **Accept**.

Referral for Casirivimab/Imdevimab Infusion ✓ Accept

☒ **Referral for Monoclonal Antibody Therapy**

Select the referral for patient preferred location of infusion administration

- ☐ Ambulatory referral to Infusion/Treatment- YNH Antibody Infusion New Haven
Internal Referral, Routine, YNH ANTIBODY INFUSION NEW HAVEN, Specialty Services Required
- ☐ Ambulatory referral to Infusion/Treatment- GH Antibody Infusion Greenwich
Internal Referral, Routine, GH ANTIBODY INFUSION GREENWICH, Specialty Services Required
- ☐ Ambulatory referral to Infusion/Treatment- LMH Antibody Infusion New London
Internal Referral, Routine, LMH ANTIBODY INFUSION NEW LONDON, Specialty Services Required
- ☐ Ambulatory referral to Infusion/Treatment- WH Antibody Infusion Westerly
Internal Referral, Routine, WH ANTIBODY INFUSION WESTERLY, Specialty Services Required
- ☐ Ambulatory referral to Infusion/Treatment- BH Emergency Department
Internal Referral, Routine, BH EMERGENCY DEPARTMENT, Specialty Services Required

☒ **casirivimab/imdevimab infusion panel**

☒ **Nursing communication**
Routine, UNTIL DISCONTINUED, starting today at 1420, Until Specified
Infusion, If O2 saturation is <94%, do not give antibody infusion and notify covering provider. Monitor for infusion related reactions; and observe patient every 15 minutes until 15 minutes after initiation of maximum dose of casirivimab/imdevimab infusion and then every 30 minutes until 1 hour after infusion completed, If hypersensitivity reactions occurs stop casirivimab/imdevimab infusion, notify provider, assess vitals, and administer emergency medications as ordered. When symptoms resolve, if authorized by provider, restart at half the rate and if tolerated after 30 minutes can increase to 200ml/hr., Sign & Hold

☒ **casirivimab (REGN10933) 600 mg, imdevimab (REGN10987) 600 mg in sodium chloride 0.9% 110 mL - emergency use authorization for Covid-19**
Intravenous, ONCE, today at 1430, For 1 dose
Administer through a 0.2 or 0.22 micron filter. If patient experiences infusion-related reaction, please file ADR RL solutions event ASAP.
Infusion
Reason for Use (RFU): Outpatient treatment of mild to moderate COVID-19
Sign & Hold

☒ **Insert peripheral IV**
Routine, Once, First occurrence today at 1420
Infusion, Sign & Hold

Next Required

select the patient preferred location of infusion first. Based on your selection, additional questions will display.

Referral for Casirivimab/Imdevimab Infusion ✓ Accept

☒ **Referral for Monoclonal Antibody Therapy**

Select the referral for patient preferred location of infusion administration

☒ **Ambulatory referral to Infusion/Treatment- YNH Antibody Infusion New Haven** ✓ Accept ✗ Cancel

Are you referring an outpatient for an infusion of a monoclonal antibody (i.e. bamlanivimab/etesevimab or casirivimab/imdevimab) to treat mild to moderate COVID-19?
Yes No

Has patient tested positive for Covid in the last 7 days?
Yes No

If greater than 7 days, the patient is not eligible. Please remove this order.

Class: Internal Ref

Referral: To provider:

To dept: YNH ANTIBODY II

YNH PEDI TREATMENT CENTER YNH APHERESIS/TRANSFUSION
YNH INT IMM INFUSION DEVINE YNH HOIT INFUSION ORCHARD YNH...
BH MEDEASE TREATMENT YHC INFUSION WH IV THERAPY
LMH OUTPATIENT INFUSION SERVICES YNH ANTIBODY INFUSION NEW H...
GH ANTIBODY INFUSION GREENWICH BH ANTIBODY INFUSION BRIDGEPO...
LMH ANTIBODY INFUSION NEW LONDON WH ANTIBODY INFUSION WEST...
YNH ANTIBODY INFUSION TRUMBULL BH EMERGENCY DEPARTMENT

Reason: Specialty Services Specialty Services Required Second Opinion Patient Preference

Priority: Routine Routine Urgent Elective

Comments: Insert SmartText
Please refer to the COVID-19 Monoclonal Antibody References folder in Epic Tools for patient education documents.

Next Required ✓ Accept

be sure to scroll down and answer all applicable questions.

Do NOT uncheck or change any of the medications ordered!