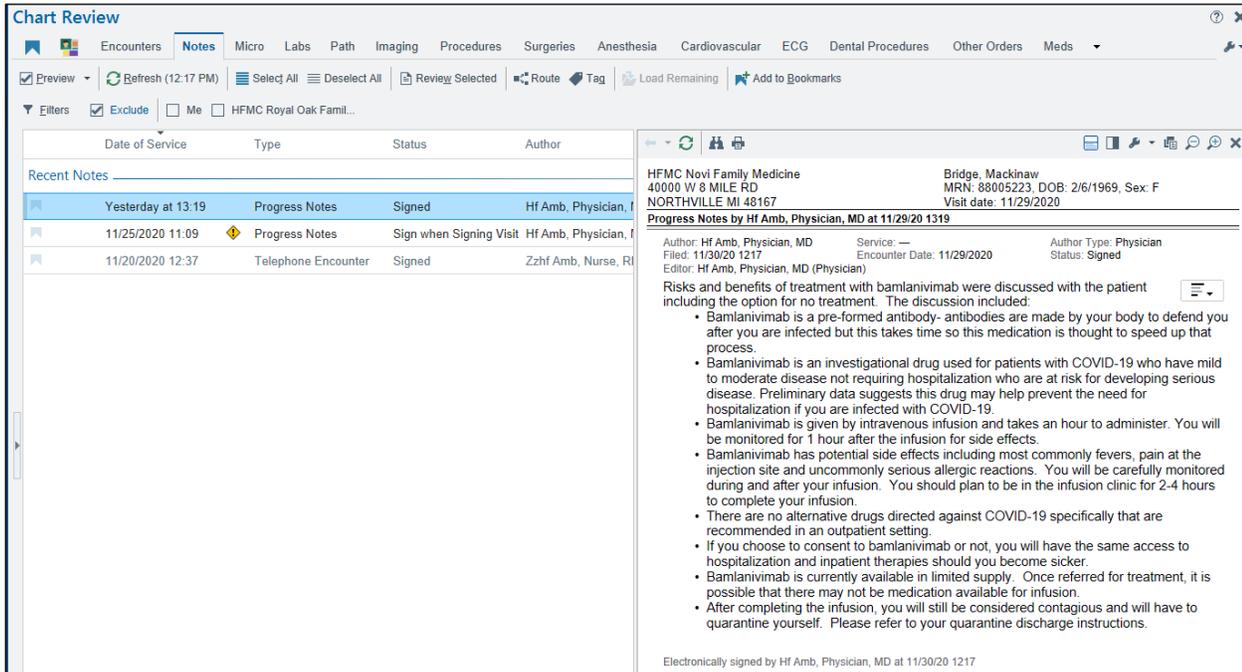| Title: Administering Therapy Plan for OPD Bamlanivimab (EUA FOR COVID ONLY)	
Application: Ambulatory	
Affected Role: RN	
Date: 12/21/2020	**Revision Number:** 6

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 Bamlaniviamab Therapy Plan was placed. The consent will be in the note from the Encounter.

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.

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

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.

10. Action should be a New Bag.

Administration Details

Action	Date	Time	Comment
New Bag	12/07/2020	1236	
Route	Site		
Intravenous			
Dose	Rate	Infused Over	
700 mg	200 mL/hr	60 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:

HF AMB, PHYSICIAN   ☐ Patient Supplied?

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

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

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

Administration Details

Action	Date	Time	Comment
Stopped	12/07/2020	1241	
Route	Site		
Intravenous			
Dose	Rate	Infused Over	
0 mg	0 mL/hr	60 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**.
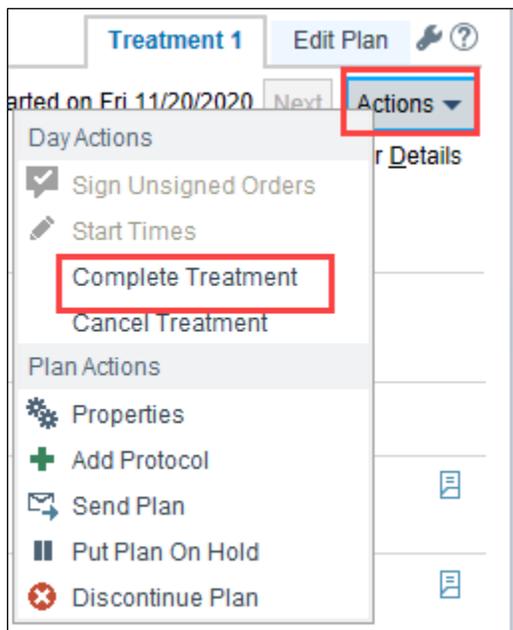
17. Open the **Wrap-Up** Activity.

    a. Go to **Charge Capture**.

    b. Click on the **Monoclonal Antibody Infusion**.

    c. Click on the **HB IV Infusion Bamlanivimab**.
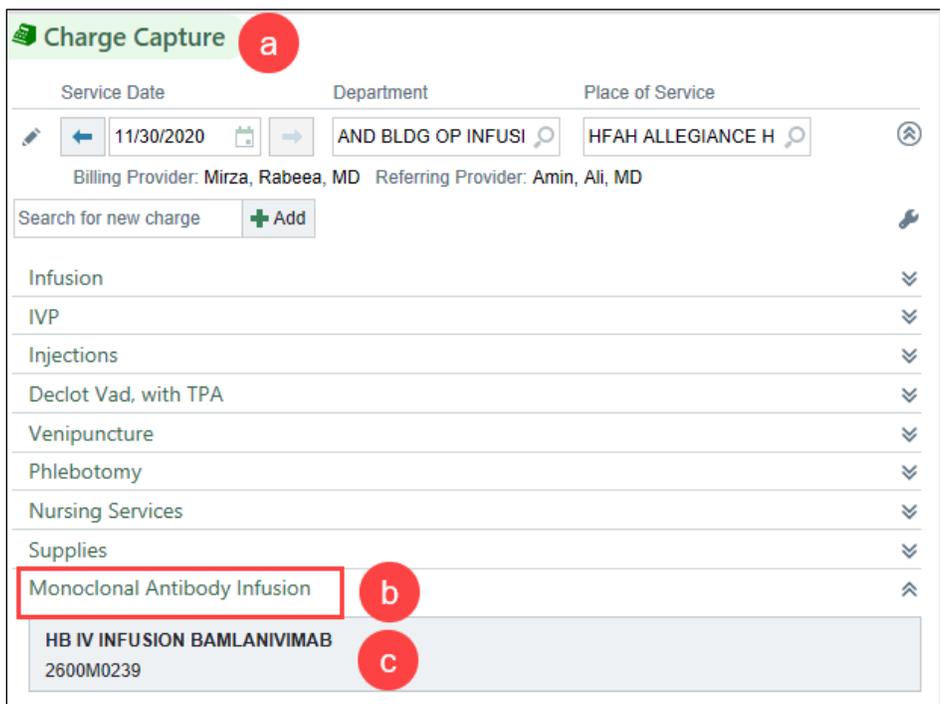
    d. Go to **Level of Service**.

    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**
InitialMWV	1stMWV	SubMWV		

LOS: PR OFC/OP VISIT NO E&M - PROCEDURE ONLY [99999]   Custom

Modifiers: ➕

Additional E/M codes: Click to Add

Auth prov: ALLARD, RAYMOND D

---

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

HFHS AMB AVS Monoclonal Antibody

Matches

☆ HFHS AMB AVS MONOCLONAL ANTIBODY

Preview

Advised to watch for any rash, itching or shortness of breath over the next few hours after infusion of Bamlanivimab.

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 ***.

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.

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.

Sheet for Patients, Parents and Caregivers
Emergency Use Authorization (EUA) of Bamlanivimab for Coronavirus Disease 2019 (COVID-19)

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.

What is COVID-19?

☐ Favorites Only   ✔ Accept   ✗ Cancel

---

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 Mononclonal 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%