**EMS Intravenous Monoclonal Antibody (mAb) Check Off**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **STEPS** |  |  |
| **Prepares Patient** |  |  |
| Takes appropriate PPE precautions per guidelines |  |  |
| **Assesses Patient to Identify Indications for mAB** |  |  |
| Assures patient is ≥ 12 years of age. |  |  |
| Assures patients weighs at least 40kg. |  |  |
| Assures patient has had their first positive test for SARS-CoV-2 virus and onset of symptoms within the past 10 days. |  |  |
| Assures there is a physician order. |  |  |
| **Medication Administration - Intravenous** |  |  |
| Prior to infusion, have patient take acetaminophen (e.g., Tylenol®) 1,000 mg, or 650 mg if over age 65, and advise patient to repeat dose every six hours for the next 24 hours. |  |  |
| Inspect the vial visually for particulate matter and discoloration. |  |  |
| Prepare infusion solution by placing REGEN-COV (casirivimab 600mg and imdevimab 600mg) in an IV bag of normal saline of D5W.  |  |  |
| Take vital signs before the start of the infusion. |  |  |
| Prime the primary infusion set with the carrier fluid.  |  |  |
| Prime the medication IV bag with a polyvinyl chloride (PVC), polyethylene (PE)-lined PVC or polyurethane (PU) infusion set containing a 0.20 or 0.22 micron filter (provided by pharmacy). |  |  |
| Attach the medication infusion set to the port on the primary infusion set.  |  |  |
| Program the IV pump or manually set the IV tubing to infuse the specified medication (which is 110mL over 21minutes). |  |  |
| Monitor the patient for 5 minutes after the start of the infusion for any signs of hypersensitivity or allergic reaction. Assess vital signs |  |  |
| Document medication administration, patient assessments, and vital sign monitoring including any adverse reactions. |  |  |
| After infusion is complete, flush the line to ensure complete medication administration per protocol. |  |  |
| Clinically monitor patients after infusion and observe patients for at least one hour. **Take vital signs every 15 minutes for 60 minutes after infusion.** |  |  |
| Consider Ondansetron (Zofran) 4 mg slow IV (preferred route) or 4 mg PO dissolving tablet for nausea or active vomiting.  |  |  |
| **Management of Adverse Reaction** |  |  |
| Stop infusion |  |  |
| Activate transporting EMS agency |  |  |
| Maintain patent airway and administer oxygen as needed per protocol |  |  |
| Establish IV access and initiate cardiac monitoring |  |  |
| Follow GMVEMSC anaphylaxis protocol |  |  |
| Contact online medical control as appropriate |  |  |