**EMS Subcutaneous Injection Monoclonal Antibody (mAb) Check Off**

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

|  |  |  |
| --- | --- | --- |
| **STEPS** | **Pass** | **Fail** |
| **Prepares Patient** |  |  |
| Takes appropriate PPE precautions |  |  |
| **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 – Subcutaneous Injection** |  |  |
| 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 medication by placing REGEN-COV (casirivimab 600mg and imdevimab 600mg) using four 3-mL or 5-mL polypropylene luer lock syringes with 21- gauge, 1½-inch transfer needles |  |  |
| Withdraw 2.5 mL into each syringe (total of 4 syringes). Prepare all 4 syringes at the same time. |  |  |
| Replace the 21-gauge transfer needle with a 25-gauge or 27- gauge needle for subcutaneous injection. |  |  |
| Take vital signs before the subcutaneous injections. |  |  |
| Administer the subcutaneous injections consecutively, each at a different injection site, into the thigh, back of upper arm, or abdomen, except for two inches (5 cm) around the navel. |  |  |
| Monitor the patient for 5 minutes after the injections for any signs of hypersensitivity or allergic reaction. |  |  |
| Document medication administration, patient assessments, and vital sign monitoring including any adverse reactions. |  |  |
| Clinically monitor patients after injections 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** |  |  |
| 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 |  |  |