

MOBILE INFUSION STRIKE TEAM (MIST) INFUSION TREATMENT ROLES & RESPONSIBILITIES

Emergency Support Function (ESF)	#8 – Public Health & Medical	Effective	10 FEBRUARY 2021
Relevant Section(s)	Operations / Medical Surge Branch	Next Review Date	JANUARY 2022

PURPOSE: To provide clear guidance on the roles and responsibilities of Mobile Infusion Strike Team (MIST) personnel regarding the administration of monoclonal antibody infusion treatment. Mobile Infusion Strike Teams will always be led by a Registered Nurse (RN), accompanied by other medical personnel which may include one or more of the following: Physician Assistant (PA), Paramedic, and Advanced Emergency Medical Technician (AEMT). Those duties that may only be fulfilled by an RN are indicated.

PROTOCOL:

Pre-Infusion Preparation

STEP #	RESPONSIBLE PARTY	ACTION(S) REQUIRED
1.	RN (Only)	Identify correct patient to be infused, with assistance from the assigned facility POC.
2.	RN (Only)	Verify patient eligibility and physician's orders.
3.	RN (Only)	Obtain Patient Consent Form.
4.	RN (Only)	Verify correct procedure(s) and equipment to be utilized for the infusion.
5.	MIST Team Member	Obtain baseline vitals.
6.	MIST Team Member	If patient meets criteria (as per the RN), prep patient for IV infusion.
7.	MIST Team Member	Set up infusion equipment at bedside, as well as vital monitoring equipment.
8.	MIST Team Member	Initiate IV.

Infusion Treatment

STEP #	RESPONSIBLE PARTY	ACTION(S) REQUIRED
1.	RN (Only)	<ul style="list-style-type: none"> • Re infusion medication(s): <ul style="list-style-type: none"> ○ Access I-MAB and C-MAB vials. <ul style="list-style-type: none"> - Let it sit out for 20 minutes. - Both I-MAB and C-MAB Vials come supplied in either one 10 ml or four 2.5 ml (depending on concentration, RN will use between 2-8 vials). ○ Access 20ml Bamlanivimab (BAM) vial. <ul style="list-style-type: none"> - Let sit out for 20 minutes.
2.	MIST Team Member	<ul style="list-style-type: none"> • While medications are sitting out for 20 minutes, obtain baseline patient assessment, V/S, and start an IV saline lock.
3.	RN (Only)	<ul style="list-style-type: none"> • If using Bamlanivimab: <ul style="list-style-type: none"> ○ After 20 minutes, withdraw all of the BAM into appropriately sized syringe and inject into a 250 ml NS bag. ○ Spike NS bag with Alaris tubing with a .22 micron filter attached. Prime the tubing and then insert into Alaris pump. ○ Administer over 16 minutes. • If using Regeneron: <ul style="list-style-type: none"> ○ After 20 minutes, withdraw all of the I-MAB into one syringe and all of the C-MAB into another syringe. ○ Inject both syringes into a 250 ml NS bag. Invert bag ten times (do not shake). ○ Spike NS bag with Alaris tubing with a .22 micron filter attached. Prime the tubing and then insert into Alaris pump. ○ Administer over 1 hour.
4.	MIST Team Member	<ul style="list-style-type: none"> • If using Bamlanivimab: Check patient's V/S once during infusion • If using Regeneron: Check patient's V/S every 30 minutes, or as needed, during infusion.
5.	MIST Team Member	<ul style="list-style-type: none"> • Report any change in patient status that may delay infusion.

Post-Infusion

STEP #	RESPONSIBLE PARTY	ACTION(S) REQUIRED
1.	MIST Team Member	After the infusion is complete, disconnect infusion and monitor patient for 1 additional hour with V/S being checked a minimum of every 30 minutes.
2.	MIST Team Member	Follow physician standing orders for any reactions.
3.	MIST Team Member	Maintain infusion equipment and report any issues that may arise during infusion or when setting up equipment.
4.	MIST Team Member	Once infusion is completed, DC IV post infusion and assist with monitoring Q 30 min.
5.	MIST Team Member	Sanitize equipment between patients and prepare for the next patient.
6.	RN (Only)	Visualize patient presentation, including direct communication with the patient regarding any symptoms.
7.	RN (Only)	Approve and transfer full care of patient over to facility staff.