

Mobile Infusion Strike Team (MIST)

Physician Order Set

Patient Name: _____ D.O.B. _____
Facility Name: _____ Referring Physician: _____

ELIGIBILITY VERIFICATION & TREATMENT– to be completed and signed by MIST RN and LIP

Eligibility Requirements

- Patient is not asymptomatic and has mild to moderate illness as noted by all of the following criteria:
 - Is not hospitalized due to COVID-19, OR
 - Does not require new, or increased supplemental oxygen due to COVID-19, and/or has a saturation of oxygen (SpO₂) ≥90% on room air, OR
- Patient is not:
 - Greater than 10 days since symptom onset
 - If pregnant, not cleared with OB/GYN Physician
 - Received COVID-19 vaccine in the past 90 days (both doses)

On-Site MIST Registered Nurse Name: _____ **Date:** _____

MIST Registered Nurse (RN) Signature: _____

MIST Licensed Independent Practitioner (LIP) Name: _____ **Date:** _____

MIST Licensed Independent Practitioner (LIP) Signature: _____

- Telephone Order

Treatment to be Given

- Regeneron Expiration Date: _____ Lot #: _____
- Bamlanivimab Expiration Date: _____ Lot #: _____

PHYSICIAN ORDER SET – to be completed and signed by HAI Program Manager

Infusion Instructions for Available Monoclonal Antibody

IMPORTANT NOTE: Both Regeneron and Bamlanivimab options must be checked to avoid inability to infuse your patient due to indeterminate monoclonal antibody supply.

- If Regeneron is the available monoclonal antibody available**, withdraw 10 mL of Casirivimab and 10 mL of Imdevimab from each respective vial using two separate syringes and dilute together in a 250 mL 0.9% NS (total volume 270mL) if not premixed. Infuse thru an in-line or add-on 0.20/0.22 micron polyethersulfone (PES) filter tubing over 60 minutes. Flush the infusion line to ensure delivery of the required dose at conclusion.
- If Bamlanivimab is the available monoclonal antibody available**, infuse 700 mg of Bamlanivimab mixed as 1 vial 700 mg Bamlanivimab/20 mL in 250 mL 0.9% NS (total volume 270 mL) thru an in-line or add-on 0.20/0.22 micron polyethersulfone (PES) filter tubing over 16 minutes. Flush the infusion line to ensure delivery of the required dose at conclusion.
- Monitor patients' vitals during infusion for any adverse response (hypotension SBP < 90, tachycardia (HR > 100) or fever, chills, nausea, headache, bronchospasm, hypotension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, dizziness.
- Stop infusion for any adverse response
- Notify Referring Physician and Licensed Independent Practitioner of any adverse response
- Call 911 any severe adverse response (Hypotension, bronchospasm, angioedema, severe bronchospasm)

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