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| How to Start An Infusion Process |
| **General considerations regardless of location**Applies to 3-day remdesivir infusion for non-hospitalized individuals with COVID-19* Required staff
	+ Prescribing clinicians for ordering and assessing remdesivir and adjunctives (standard orders for outpatient IV: flushes, vitals, etc).
	+ Patient Access services for coordination of scheduling
	+ Pharmacy staff for order entry, verification, and product preparation
	+ Nurses for administration
	+ Environmental services
* Process
	+ Determine if the loading dose and maintenance doses be given in the same location
	+ If given off site, determine if the medication be premixed, mixed at bedside, or sent from the pharmacy
		- If sent from a pharmacy, need a plan for product transportation and storage
* Administration
	+ Most patients will need a temporary peripheral IV placed for infusion administration and removed after the infusion for each dose
	+ Will extra staff be hired for administration or will current staff be pulled?
	+ Assess the space to ensure adequate room for patients to be monitored for at least one hour following the completion of each remdesivir
		- Have rescue medications and BLS/ACLS staff available for infusion reactions
* Screening
	+ Standardize a plan for laboratory monitoring – collect a serum lab or reference previous lab results. If the latter, determine a window of time for acceptance
* Delays in care
	+ If an infusion location is unable to accommodate weekend infusions, consider new starts only on Monday, Tuesday, and Wednesday to avoid gaps in therapy
		- May also consider referral for home infusion therapy if available on weekends to complete the remainder of the regimen
* Decompensation
	+ If a patient does decompensate over the course of therapy, admit the patient for further management rather than continue outpatient care

**ED considerations*** Determine a process for walk-in patients (scheduling, etc).
* Determine if subsequent doses will be administered at the ED or at a different location
* Scheduling staff and/or automation needed to set up follow up visits (day 2, 3)
* The infusion area may be separate from the ED regular workflow for physical space and staff
* Return visits to the ED may be billed differently than the initial visit (ED visit, infusion visit, etc.)

**Integrated infusion center/Hospital-bedded outpatients** * Physical separation between immunocompromised patients and COVID-19 positive patients including separate nursing staff is strongly recommended
* Determine which patients will be referred and who would place the referrals (centralized team verses individual practices)

**Freestanding infusion center*** When there is an onsite pharmacy to compound remdesivir determine if pharmacy service hours need adjustment and/or staffing based on COVID-19 patient volumes
	+ If not, determine a preferred method for storage/compounding/delivery

Determine which patients will be referred and who would place the referrals (centralized team versus individual practices) **Home health** * Instruct home health that patient is required to be monitored for at least one hour following the administration of remdesivir
* Ensure that remdesivir is administered on 3 consecutive days
* Where is the product coming from? How is it disposed of? How do patients enter this? Any precautions for staff entering the home of COVID+ person?

**3-day outpatient remdesivir checklist*** Infection prevention protocol
* Scheduling process
* Billing information and process
* Patient check-in process
* Patient education/instructions
* Nursing education (including when to refer patient for admission)
* Provider education
* Lab monitoring (baseline SCr & LFTs, repeat labs)
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