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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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