



LOWER UMPQUA HOSPITAL
OUTPATIENT NURSING DEPARTMENT
600 Ranch Road, Reedsport, OR 97467
Phone: (541) 271-2163 | Fax: (541) 271-4058

REMDESIVIR THERAPY ORDERS (ADULT)

Patient Name _____ DOB _____
Patient Phone # _____ Patient Weight (Kg) _____ Patient Height (cm): _____
Patient Allergies _____
Provider _____ NPI# _____
ICD-10 Code (REQUIRED) _____ J Code _____
Primary Diagnosis _____
Secondary Diagnosis _____
Duration (or # of treatments): _____ Anticipated Infusion Date _____

INSTRUCTIONS TO PROVIDER:

- **Allow 2 business days** for request to be processed.
- **Please ensure insurance authorization has been initiated.**
- Lab orders should NOT be included on this form – place orders via usual method. **Lab monitoring is the responsibility of the ordering Provider.**
- This plan will expire **after 365 days**, at which time new orders will need to be placed.

ORDERING GUIDELINES:

- ☒ Send **FACE SHEET** and H&P or most recent chart note

ELIGIBILITY CRITERIA:

- ☐ Suspected or laboratory SARS-CoV-2 Infection
☐ Non-hospitalized patient with high risk of progression to severe illness

MEDICATIONS:

Loading Dose:

- ☒ **Remdesivir 200 MG IVPB on DAY 1 (100 mg / 0.9% sodium chloride 100 mL at 100 mL/hour x 2 doses)**

Scheduled Dosing:

- ☒ **Remdesivir (100 MG / 0.9% sodium chloride 100 mL) 100 mg IVPB at 100 mL/hour DAILY on DAY 2 and DAY 3**

Continued on next page ➔

Date _____ Time _____ Provider Signature _____

"Statement of Responsibility of Parties: referring Prescriber agrees that in referring patients to Lower Umpqua Hospital Outpatient Nursing Department, the responsibility for the care related to these Outpatient Nursing Therapy Plan orders, as well as administration of any 340B drugs, remains with Lower Umpqua Hospital."

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LINE CARE MAINTENANCE:

- ☒ Follow facility policies and procedures for all vascular access maintenance with appropriate flush solutions, de-clotting (alteplase), and/or dressing changes.
- ☒ **alteplase (CATHFLO ACTIVASE)** injection 2 MG/2 mL, intra-catheter, **x 1** PRN de-clotting.
- ☒ **heparin, porcine** Preservative Free (PF) 100 units/mL IV syringe, 500 units, intra-catheter **x 1** PRN line care.
- ☒ **0.9% sodium chloride** 10 mL IV PRN flush as needed.
- ☒ If applicable, may remove PICC line at the completion of course of therapy.

EMERGENCY MEDICATIONS FOR HYPERSENSITIVITY / INFUSION REACTION:

- ☒ If hypersensitivity or infusion reactions develop, **temporarily hold the infusion and notify provider immediately.**
- ☒ **0.9% sodium chloride** 200 mL/hour IV continuous infusion PRN hypersensitivity/infusion reaction
- ☒ **acetaminophen (TYLENOL)** tablet 650 MG, PO, Q4HRS PRN hypersensitivity/infusion reaction
- ☒ Oxygen Therapy, low-flow, nasal cannula at 2 Liters/minute, may wean flow to discontinuation.
SpO2 Goal – **greater than/equal to 92%**, PRN hypersensitivity/infusion reaction
- ☒ **diphenhydramine (BENADRYL)** injection 25 MG IV **x 1** PRN hypersensitivity/infusion reaction
{Maximum of 3 doses}
- ☒ **famotidine (PEPCID)** 20 MG IV push over at least 2 minutes **x 1** PRN hypersensitivity/infusion reaction
- ☒ **hydrocortisone (SOLU-Medrol)** 125 MG IV **x 1** PRN hypersensitivity/infusion reaction
- ☒ **albuterol (PROVENTIL)** nebulizer solution 2.5 MG/3 mL, nebulization **x 1** PRN wheezing, hypersensitivity/infusion reaction
- ☒ **epinephrine (ADRENOLIN)** injection 0.3 MG/0.3 mL IM **x 1** PRN anaphylaxis, hypersensitivity/ infusion reaction

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