BJCMG TIP SHEET

TIP SHEET

PEDIATRIC Remdesivir Treatment

***Providers can order a remdesivir infusion via EPIC (follow steps in this tip sheet). ***

PLEASE NOTE- There are 2 key steps to ensure your patient is assigned the treatment:

- 1. Order Appointment Request to notify the appropriate infusion location to schedule the appointment
- 2. Order the Therapy Plan & Sign

PLEASE COMPLETE ALL STEPS AT THE TIME OF THE ENCOUNTER

Requesting Infusion Appointment via SmartSet

1. Within a patient encounter, go to the SmartSet Navigator section and search "Covid"

Meds & Orders	SmartSets Disp	& CC Chart	p-
	ns and orders also exist in Infusion Treatment 2, Specia	n active treatment plans: alty Infusion Treatment 3, Specialty Infusion Treatment	1
Review open o	rders @		
No active orders	ι.		
	ing VMark as Reviewed	Last Reviewed by Malone, Justin A, MD on 4/26/2017 at 8:28 AM	
	igned Orders S Patient E	stimate & Providers & Current Interactions	
SmartSet	ts	t	
			•
covid I	+ Add]	•
]	*
	lts]	~
Search Resu	lts		*
Search Resu	lts		
Search Resu	Its on Orders Preventive Interventions		
Search Resu Covid Infusi Suggestions Adult Male F	Its on Orders Preventive Interventions		~

2. Select and open the "Remdesivir Appointment Request" SmartSet

8	SmartS	et Search	_ □	x
covid		P	Browse All Smarts	Sets
티 SmartSets		Search SmartSets by us	ser	2
Name	Us	er Version Name	Туре	
티 회 Remdesivir Appoint	ment Request		SmartSet	
🗄 🔎 Initial evaluation for	MIS-C		SmartSet	
🗄 🔎 Remdesivir IV with r	nonitoring		SmartSet	
E D E-VISIT RESPIRATOR	Y SYMPTOMS/COVID-19		SmartSet	
E 🖉 Video Visit Respirate	ory Symptoms/COVID-19		SmartSet	
			✓ <u>A</u> ccept X <u>C</u> ance	el
				-
E SmartSets Bearch for new Small E SmartSets Search Results Remdesivir App		+ Add	\$	"
Suggestions 🕿				
Immunizations	- pediatric			
Favorites 🖄				
Urinary tract in - ALWUTISMAR		n 🗌 Wrist pain (M Wrist)	y Version - TLB	
	~	⁷ Open SmartSets	× Clear Selection	ı

- 3. Open the section of the SmartSet and select:
 - Infusion Appointment Request



4. Complete the Appointment Request order as seen in the screenshot below: Select the appropriate location: **SLCH 9S Infusion** -

• Complete the hard stops as they pertain to the patient

Infusion Appointment R	Request 150 MIN	✓ <u>A</u> ccept X <u>C</u> ancel
Class:	Clinic Performed	
Status:	Normal Standing Future	
	Expected Date: 12/2/2022 🔊 Today Tomorrow 1 Week 2 Weeks 3 Weeks 4 V	Veeks Approx.
	1 Month 2 Months 3 Months 6 Months 1 Year	
	Expires: 12/2/2023 🚵 1 Month 2 Months 3 Months 4 Months 6 Month	1 Year 18 Months
Scheduling duration:	Minutes: 150	
Scheduling tolerance:	+/- 1 Day +/- 2 Days +/- 3 Days	
	0 ays before D No restriction	
	0 ays after No restriction	
What is your ordering		
	WU IM Onc/Hem/BMT WU GynOnc WU IM Non-Oncology SLCH/CSCC	
	MBMC (Main, SSH, STLGO) Sullivan Cancer Center Parkland Cancer Center AMH Cancer Center Non-Oncology COVID Infusion sites Evusheld Injection Sites	
Where will this patier		
	Parkland Infusion SLCH 9S Infusion BJH Cancer Care Clinic MHB Infusion Center	
Is the patient fully to the	vaccinated (2 doses mRNA or 1 dose J&J vaccine)? Yes No	
Is the patient immu	inocompromised due to an immunodeficiency or immunosuppressive treatment?	
	Yes No Comments	
Is the patient pregr	Yes No	
Cabaduling Instruction	s: Add Scheduling Instructions	
Comments:	P ★ do scheduling instructions P ★ 1 2 C 2 2 + Insert SmartText C ← → ≪ ■ 100% ▼	
Comments:		
	ls	
Next Required		✓ <u>A</u> ccept X <u>C</u> ancel
• Mext Reduired		V Accept
	🗙 Remove 🛛 😪 Pend	Sign
	a la di la Anna di Anna di Dana a A	
Rer	ndesivir Appointment Request 🗞 🔰 🖉 _{Manage U}	ser Versions
▼Ir	structions	
A	After you answer the required questions in the Appt Req	uest
	order and sign the SmartSet, go to Therapy Plans and s	
	or, complete and sign the Pediatric Remdesivir Therapy	
	Appointment Request Order	
	🗹 Infusion Appointment Request 150 MIN 📕	
		1. I.
	Expected: 12/2/2022, Expires: 12/2/2023, 150 minutes, Schedule	appointment
	Expected: 12/2/2022, Expires: 12/2/2023, 150 minutes, Schedule at most 0 days before or at most 0 days after	appointment

5. Sign the SmartSet

Ordering REMDESIVIR Therapy Plan

1. Within the patient's encounter select the Orders for Hospital activity- this could be located under the activity dropdown if you do not see it.

Office Visit/Orders Only

	4		×	e (100 C				•
€→	Chart Review	Wrap-Up	Rooming	Immunizations	Growth Chart	📴 Plan	Orders for Hospital			- \$
Order	s for Hospital -	12/23/2020 v	visit with			for E	STABLISHED	PATIENT	-	··· ? 🖍
Order	s for Admission Th	erapy Plan								

If in a Phone Call Encounter, there is an activity under Quick Navigators

Phone Call

Chart Review 🔞 Phone	e Call			Documentation 👻	This Call
Phone Call Family Switch · D Questionnaires ## Refe TELEPHONE/REFLL Contacts Reason for Call SmattBets Communications Routing	· · · · ·	Appts 🥁 Care Teams 🐣 Change Problem List BestPractice 🦿 COVID Prescreen	Enc Provider/Dept Meds & Orders	Implementation Impleme	Rounding Send Message Stroke Evaluation TPN Calculator Write a Research Note
Contacts Contact Contacts Contacts Contact]	🖋 Show: 🗹 Permanen	t Comments My Quick But	Flowsheets	
Presson for Call None Mathematical Allergies/Contraindications				 Berowith Chart Itealth Maintenance History <i>M</i> Immunications Implants MAR MAR 	
Allergies Adhesive Tape-silicones Bilstering, skin tears	Reaction Severity Rash Medium	Reaction Type	Noted Valid Until 2/4/2014	 MyChart Utilities Order Review Patient ID 	
Latex Methotrexate Penicillins	Rash Medium Hives Medium Rash Medium		2/4/2014 1/13/2016 1/23/2014	Patient Labels Eroblem List Review Flowsheets Snapshot	
Sulfa (sulfonamide Antibiotics) Sulfur Cephalexin	Rash Medium Rash Medium Not Spec		1/13/2016 1/23/2014	Synopsis Quick Navigators Cuick Navigators Advance Care Planning Antimicrobial Stewardship	Allergy Testing and IT Anticoag Disease Mgmt E-Consult
Ark as Reviewed Unable to Assess	Last Reviewed by Schenev	verk, Christopher L., MD on 12/22/2020	at 8:41 PM (History)	Astimita Action Frant Care Everywhere Clinical Web Portals Expected Discharge Date Food Allergy Action Plan	Hearing_Vision Hearing_Vision Nutr-Diab Care OB Tools Episode
⑦ No active goals Use the box to the upper left to add a new processing of the second seco	ew goal.			HIM Reconcile Outside Information	Patient ID Quick Abstraction Quick Procedure Therapy Plans
					SOGI

- 2. Within the Therapy Plan activity select Specialty Infusion from the list on the left. If the patient is on other infusion treatments, you may need to pick Specialty Infusion 2, 3, or 4. You will only see those if the patient already has infusion orders on their record in Epic
- 3. Search for Pediatric COVID (Synonyms: Covid, Pediatric,)
- 4. Select the appropriate Pediatric Therapy Plan:
 - a. **<u>Pediatric Remdesivir</u>**:

BJCMG TIP SHEET

12/2/2022 visit		· ⑦
E Therapy Plans		
THERAPY PLAN ORDERS — Line Care Dialysis Plan	Specialty Infusion Therapy Plans	ţ t
Specialty Infusion		
Peds Infusion	⑦ No assigned therapy plan	
Blood Products	ped remdesivir	
Onc Supportive PI	Available(173) 🕅	
ECT THERAPY PLAN		
ECT Plan	✓ Close	↑ Previous ↓ Next



- 5. After selecting the therapy plan a Therapy Plan Properties window will open. Make sure to address the plan start date (put T for today) and to enter/select the following:
 - a. Lead Provider: This is the ordering provider
 - b. Treatment Department: Enter the correct infusion center patient will attend
 - i. SLCH 9S Infusion
 - c. Associate a problem:
 - i. <u>COVID positive</u>: COVID-19 Infection (U07.1)
 - d. Assign plan

	Therapy Plan Propertie	es - PEDIATRIC REMDE	SIVIR FOR COVID	
Plan name: PEDIATRIC REMDESIVI		R FOR COVID		
Plan start date:	12/16/2022			
Lead provider:	SCHOMER, AMY LYNN	9		
Treatment department:	SLCH 9S INFUS CENTE	R 🔎		
Problems Preview Plan Problems associated with this treatment are: Clinical diagnosis of COVID-19 [U07.1]				
Code Descrip	tion	Most Recent Stage	Overview	Resolves To
K20.0 Eosinop	bhilic esophagitis		Added automatically from request for surgery 9697541	
	/ transit constipation			
	dysphagia			
	roat ralized anxiety disorder			
	Clinical diac		Clinical diagnosis of COVID-19 [U07.1]	
Add a new problem	+ Add			
Add to favorites			<u>A</u> ssign Plan	<u>C</u> ancel

PEDIATRIC REMDESIVIR:

<u>Pediatric Remdesivir is a THREE (3) day treatment, you MUST select each day to complete</u> <u>the therapy plan</u>.

Select the check box next to Day 1, Day 2, and Day 3. Complete the required hardstops for each medication.

	Patient weighs 3 kg to less than 40 kg-Day 1			
	eremdesivir (VEKLURY) 157.5 mg in sodium chloride 0.9% 126 mL (1.25 mg/mL) infusio	n Once	1/1 remaining	④ Fri 12/16/2022
	157.5 mg (5.02 mg/kg, rounded from 157 mg = 5 mg/kg × 31.4 kg), intravenous, at 252 mL/hr, Administ Administer over 30 minutes. Can be extended over 120 minutes if required. **Do not shake or tube.	ter over 30 Minutes	, Once, Starting when release	d, For 1 dose
	Patient weighs 3 kg to less than 40 kg-Day 2			
	remdesivir (VEKLURY) 78.75 mg in sodium chloride 0.9% 63 mL (1.25 mg/mL) infusion	Once	1/1 remaining	Sat 12/17/2022
	78.75 mg (2.51 mg/kg, rounded from 78.5 mg = 2.5 mg/kg × 31.4 kg), intravenous, at 126 mL/hr, Admir Order attestation questions: Answered on first order Administer over 30 minutes. Can be extended over 120 minutes if required. **Do not shake or tube.	nister over 30 Minut	ies, Once, Starting when relea	ised, For 1 dose
	Patient weighs 3 kg to less than 40 kg-Day 3			
۲	remdesivir (VEKLURY) 78.75 mg in sodium chloride 0.9% 63 mL (1.25 mg/mL) infusion	Once	1/1 remaining	Sun 12/18/2022
	78.75 mg (2.51 mg/kg, rounded from 78.5 mg = 2.5 mg/kg × 31.4 kg), intravenous, at 126 mL/hr, Admir Order attestation questions: Answered on first order Administer over 30 minutes. Can be extended over 120 minutes if required. **Do not shake or tube.	nister over 30 Minut	ies, Once, Starting when relea	ised, For 1 dose

Complete the required hard stops within the Therapy Plan and click Accept.

Does the patient have a positi	ive SARS-CoV-2 test (rapid antigen or PCR)?
	Yes
Does the patient have mild to moderate COVID-19?	Yes
B The patient is able to start this	s therapy within 7 days of symptom onset
	Yes
• Patient has at least one of the	following high-risk conditions (select all that apply):
[Chronic kidney disease Diabetes Cardiovascular disease or hypertension Sickle Cell disease
	□ Medical-related technological dependence □ Pregnancy □ Immunosuppressive disease or treatment □ Older age
l	Obesity or overweight Chronic lung disease
l	\Box Neurodevelopmental disorder or other condition that confers medical complexity \Box < 1 year old
[\Box Part of a group at increased risk of getting sick and dying from Covid-19 due to long standing systemic health and social i
I	\Box Other medical condition and/or factor associated with increased risk for progression to severe COVID-19
• Patient meets at least one of t	the following restriction criteria (restricted during times of limited supply) (select all that apply):
[□ Moderately to severely immune compromised regardless of vaccination status □ Pregnant
	Not fully vaccinated with additional clinical risk factors (fully vaccinated = 2 doses mRNA or 1 dose J&J)
Adamia tanàn 🔗 A	

When all hard stops are complete, click Sign Plan (located both above and below the orders)

