

Remdesivir for Treatment of COVID-19 in Community, LTC/TC

Use with [COVID-19 IV Antiviral Outpatient & Personal Care Home Treatment Referral Form](#)

Client: _____

 DOB (yyyy/mmm/dd): _____
 HRN / MHSC: _____
 PHIN #: _____
 Addressograph/Place Label Here

These orders are to be used as a guideline and do not replace sound clinical judgement and professional practice standards. Patient allergy and contraindications must be considered when completing these orders.

■ Automatically activated, if not in agreement, cross out and initial **Activated by checking the Box**

For long-term care and transitional care: assess if remdesivir is consistent with the resident's goals of care and consent obtained. Ensure that resident is willing to be transferred out of the facility for treatment, or that resources are available to administer treatment in the long-term care (LTC) or transitional care (TC) facility, prior to ordering.

Medication	General Orders			
<p>For adults 18 years of age or older meeting criteria. Drug availability is based on provincial supply.</p> <p><input type="checkbox"/> remdesivir 200 mg IV once on day 1, then remdesivir 100 mg IV daily on day 2 and day 3</p>	<p style="text-align: center;">Prior to administration:</p> <p>■ Confirm that the COVID-19 IV Antiviral Outpatient & Personal Care Home Treatment Referral form has been completed and approved</p>			
<p>For long-term care or transitional care residents (no referral required for this indication):</p> <p><i>For residents requiring new start or increased low-flow supplemental oxygen, IV or subcut fluids, or physiologic support:</i></p> <p><input type="checkbox"/> remdesivir 200 mg IV once on day 1, then remdesivir 100 mg IV daily x 4 days</p> <p><i>Guidance: in hospital, treatment would be stopped if patient improves to the point of hospital discharge. If patient improves and only requires room air but still requires hospitalization, the full 5-day course should be completed.</i></p>	<p>Contraindications for Remdesivir:</p> <p><i>Note that remdesivir must be started within 7 days of symptom onset for mildly symptomatic patients.</i></p> <p>■ Remdesivir is not recommended for clients with ALT 5 times above the upper limit of normal</p> <p>■ Risk versus benefit is considered for patients with eGFR less than 30 mL/min</p> <p><i>(Based on increases in active metabolite and the excipient SBECD. Contact pharmacy if more information is required.)</i></p> <p>■ Do not administer to patients receiving hydroxychloroquine.</p>			
<p>In case of anaphylaxis:</p> <p>■ Stop infusion and initiate PMHMSO.125 Anaphylaxis Management in Adults Clinical Decision Tool and Medication Standing Orders</p> <p><i>(or refer to PMHMSO.167 Personal Care Home Medication Standing Orders for residents receiving treatment in an LTC facility, or PMHMSO.030 Transitional Care Medication Standing Orders for patients in transitional care facilities)</i></p>	<p>Monitoring:</p> <p>■ Observe and monitor for signs and symptoms of anaphylaxis or other hypersensitivity reaction throughout infusion and for at least 1 hour following completion of infusion</p> <p>■ In the case of infusion-related reaction, slow or stop infusion and contact prescriber</p>			
<p>Diagnostic test (if confirmation required):</p> <p><input type="checkbox"/> Rapid test performed by a Healthcare Provider</p>				
<p>Prescriber's Signature: _____</p> <p>Prescriber's License #: _____</p> <p>Prescriber's Phone Number: _____</p>	<p>Printed Name: _____</p> <p>Date (yyyy/mmm/dd): _____</p>			
<p>FAX ORDERS TO:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>Brandon Pharmacy: 204-578-4952</p> <p>Dauphin Pharmacy: 204-629-3428</p> </td> <td style="width: 33%; vertical-align: top;"> <p>Neepawa Pharmacy: 204-476-2901</p> <p>Russell Pharmacy: 204-773-2889</p> </td> <td style="width: 33%; vertical-align: top;"> <p>Swan River Pharmacy: 204-629-3485</p> </td> </tr> </table>		<p>Brandon Pharmacy: 204-578-4952</p> <p>Dauphin Pharmacy: 204-629-3428</p>	<p>Neepawa Pharmacy: 204-476-2901</p> <p>Russell Pharmacy: 204-773-2889</p>	<p>Swan River Pharmacy: 204-629-3485</p>
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