FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital Associate Dean for Clinical Affairs, College of Medicine Vice President, Ambulatory Services and Population Health, Upstate Medical University

## February 1, 2021

PSTA

UNIVERSITY HOSPITA

## **COVID Update**

# COVID Inpatients	# ICU
70	25

## Vaccination Waitlist Open for Staff and Students

Staff and students who would like to receive COVID vaccination are welcome to sign up for a new waitlist via Self-Serve.

Once logged in with Upstate ID, click 'Register for COVID-19 Vaccination Waitlist' and answer two questions (see photo on right).

Individuals will receive an auto-reply email. When a first-dose shipment arrives, individuals on the waitlist will be notified according to the state's phased requirements and should be flexible with appointments to ensure doses are administered quickly.

Are you a worker or a student in a patient- facing health care setting? No  Are you an in-person college faculty, instructor or student at Upstate? No  Submit Request
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## **UPDATE: Surgery Reopening During COVID-19**

On January 25, an additional 4 ORs were opened on 5E at University Hospital and an additional 5 ORs were opened at Community Hospital for a total of 10 available ORs at University Hospital and 9 at Community Hospital.

We are still required by the State to maintain 15% open bed capacity in case of a COVID surge.

Keys to a successful reopening include:

- Beds are still tight, especially ICU beds.
- Because inpatient beds are tight, in order to optimize OR use, we will need to strike the right balance between scheduling inpatient and outpatient cases.
- ▶ We will use Departmental, rather than individual, block time until the ORs are fully open.
- Surgeons should work with their Chairs to prioritize cases and get them scheduled into Departmental time.
- We are still prioritizing medically-necessary time-sensitive surgeries, but other cases are allowed if MeNTS cases require a bed we don't have.
- Please do not overschedule inpatient cases we cannot go over census!

ALERT — ADVISORY — UPDATE — IMMEDIATE ACTION REQUIRED FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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## Influenza-Like Illness (ILI) Clinic Update

The ILI clinics at 550 Harrison Center and Upstate Health Care Center (UHCC) will be combining. Please make note of the following and share with your groups:

- Effective Monday, February 1, 2021 the UHCC ILI Infusion Center and the 550 Harrison Center ILI symptomatic clinic will combine services into the UHCC site.
- UHCC ILI Clinic Information
  - Epic Name: Influenza Like Illness Clinic UH only UHCC
  - Location: UHCC 1<sup>st</sup> Floor (behind Radiology), 90 Presidential Plaza
  - Phone: 315-464-5955
  - Fax: 315-464-5997
- ILI Scheduling and Information: 315-464-5955 (0800 1630, Monday Friday)
- Symptomatic Patients: appointments available 1230 1630, Monday Friday
- Antibody Infusions (information sheet attached)
  - Appointments available 0800 1630, Monday Friday (three at 9:00 am and one at 1:00 pm)
  - After hours infusion scheduling available by calling admitting at 315-464-5280, 1630 2300 weekdays and 0700 2300 weekends and red holidays

## 3M Aura 9210 Plus N95 Mask Update

Reports from staff concerning durability and fit of certain 3M 9210 Plus Aura N95 masks—different fit, straps breaking, smaller mask size than normal—were received the weekend of Jan. 30. Distribution began pulling these masks from units as a precautionary measure Jan. 31. At no time was staff safety compromised, this was a precautionary measure. Upstate has seen no increase in hospital acquired COVID infections of staff on either COVID or non-COVID units; this data is continuously tracked.

Investigation revealed that these masks were isolated to a small, recent purchase of 3M Aura masks. These masks are not on any 3M product recall list. Materials Management has contacted supplier to share observations about the product in question. In addition, Distribution and Operating Room Materials are pulling the questionable stock from units and replacing with stock from a different lot number. Upstate does have a sufficient supply of N95 masks to meet our staff needs.

Materials Management needs your assistance in locating the masks in question. If 3M 9210 Plus Aura N95 masks that may be stored in an alternative location (i.e. not in EPPE cart or supply rooms), please check for the following:

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# February 1, 2021

- 1) Lot number C162061 should be returned to distribution
- 2) Blue bar across top of mask packaging is a visual identifier of lot that should be returned immediately (see below photo)

If you encounter this product, please remove it immediately from use and contact Distribution at (315) 464-4248 for Downtown or Materials Management at (315) 492-5120 for Community for collection.



As an essential reminder, staff should always perform a seal check (place mask against face and breath in, mask should feel secure as in prior uses) every time an N95 mask is donned. If staff encounter issues with any PPE product, please inform the unit's supervisor/manager who can take appropriate action. Any concerns, please do not hesitate to reach out to <u>AskTeamIC@upstate.edu</u>.

## **Vaccine Distribution**

Please return for your scheduled appointments to receive your second dose of the COVID-19 vaccination, especially if you are scheduled for a late afternoon appointment. We are unable to open a vial of vaccine until we have enough vaccinees onsite to consume the entire vial. Therefore, if you fail to show up, others may not be able to get their vaccinations.

# ALERT — IMMEDIATE ACTION REQUIRED ADVISORY — PRIORITY BUT NOT FOR IMMEDIATE ACTION UPDATE — FOR INFORMATION; UNLIKELY TO REQUIRE ACTION

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## **Protecting Our Pack!**

All patients should be reminded to wear a mask when they are being seen. Please be sure to ask them to mask up prior to entering their rooms.

## New / Revised COVID-19 Policies of Special Interest for Clinicians

#### New / revised / deleted policies of special interest for clinicians include:

#### **Revised Policies**

- <u>COVID-19: Bed Management and Throughput (COV B-03)</u>: updated roommate COVID precautions following exposure, added community exposure to high risk population, and updated Appendix A
- Discontinuation of Transmission Based Precautions of Patients with COVID-19 (COV D-04): added community exposure within previous 10 days to Non COVID-19 High Risk Patients table (pg. 4)
- Novel Coronavirus 2019 Care of the Patient in the Family Birth Center (COV F-01): added updated testing information and added case management involvement prior to discharge
- Clinical Neurophysiology Procedures During Prevalence of COVID-19 (COV N-01): deleted section A ordering procedures on suspected or confirmed COVID-19 patients and added enhanced to #3
- Personal Protection Equipment (PPE) Table for COVID-19 Exposure Scenario (COV P-01): updates to staff exposure grid and patient with positive roommate or community exposure and removed additional guidance on Rapid test vs Regular testing with symptomatic patient section
- <u>COVID-19 Testing at Upstate University Hospital Locations (COV T-08)</u>: updated follow up testing dependent on ID Now result (D.1.b – without respiratory panel)
- Visitor Restriction During Prevalence of COVID-19 (COV V-08): added ICU as exception and updated when an Adult support person is allowed to visit in ICU

### Clinical Documentation Improvement (CDI) by Dr. Emily Albert and Dr. Ali Khan, Co-Directors, CDI

COVID-19 associated conditions are represented by a number of new ICD-10 codes. The accurate assignment of these codes depends on clear documentation of the underlying cause and associated treatments. For the most accurate representation of your patient's condition, and their response to treatment, please always document when something is due to COVID-19.

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## **Outstanding Physician Comments**

Comments from grateful patients receiving care on the units and clinics at Upstate:

**Breast Care Center: Dr. Ranjna Sharma** came into the room with a beautiful, positive, smile and talked with you for awhile before she examined and made me feel very at ease. I admire her personality of loving care for me as a patient.

Gamma Knife: Dr. Seung Shin Hahn and Dr. Lawrence Chin – awesome!

**05B:** Dr. Amit Dhamoon – calming.

**11G: Dr. Tamer Ahmed** was simply amazing. Our attending, **Dr. Amy Caruso Brown** is super bright, caring and compassionate. We love her. She is personally invested in our son and family. She was also open to collaborating with many doctors from other centers. She is an exceptional physician.

**Family Medicine: Dr. Kaushal Nanavati** – wonderful as always! **Dr. Clyde Satterly** is the only primary care physician that I and my wife have the most faith in. I always come away feeling like I am his only patient and confident whatever needs to be attended to get arranged.

Joslin Center for Diabetes: Dr. Roberto Izquierdo is a very attentive, accessible, hands on doctor, which is greatly appreciated.

**Multidisciplinary Programs Cancer Center: Dr. Silviu Pasniciuc** is a caring, knowledgeable, and professional palliative care doctor.

Peds Neph, Rheum, Integrative Medicine: Dr. Anjali Sura was great, caring, engaging, thorough and very knowledgeable.

Rheumatology Clinic: Dr. Hom Neupane is a caring individual who never seems harried no matter what is going on.

SUNY Upstate – Virtual: I could not be more fortunate in the care I receive from Dr. Barbara Feuerstein. I profit mentally as well as physically from her genuine concern. Dr. Vincent Frechette is excellent and has a comforting demeanor. I love him! Dr. George Gluz – listened. I am very happy with the care I am receiving from Dr. Roberto Izquierdo – excellent! Dr. Roberto Izquierdo takes the time to answer all my questions clearly so I understand what I am supposed to do. He is a very patient and caring doctor. Dr. Kaushal Nanavati is the best doctor I have ever had. Dr. Zainab Shahnawaz is responsible for helping me return to a sense of normalcy with a sharp decrease in pain. Dr. Karen Teelin is the best. She carefully listens to concerns and questions and takes them seriously. Dr. Awss Zidan is spectacular and I am VERY lucky to have him as my doctor. Dr. Awss Zidan – professional, asked questions, and treated me with respect.

Surgery – UH: Dr. Amie Lucia – kind and listened to me.

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## February 1, 2021

Surgery – UH LL022: Dr. Joseph Valentino is a true professional and an excellent doctor. He is very thorough and competent.

**UHCC – Neurology: Dr. Anuradha Duleep** is very kind and shows compassion for my condition. I am grateful to have been seen and examined by **Dr. Anuradha Duleep**.

University Center for Vision Care: Dr. Samuel Alpert has exceptional credentials and is clearly highly intelligent and dedicated. Dr. Samuel Alpert – terrific! Dr. Robert Fechtner is very caring and makes you feel like you are the most important patient he has. Dr. Preethi Ganapathy – friendly, compassionate, and informative. Dr. Robert Swan – thorough and knowledgeable. Dr. Amirfarbod Yazdanyar was very good at explaining my treatment and following up on the treatment progress. He was very thorough in his examination, very friendly, and showed genuine concern for my treatment.

University Geriatricians: Dr. Andrea Berg is a treasure. You are so fortunate to have her at Upstate.

University Internists: Dr. Vincent Frechette was extremely professional, knowledgeable and supportive. Dr. Vincent Frechette is a true professional. On top of that is just a good person. He definitely cares about his patients and it shows. He has one of the best bedside manners that I have ever seen in a provider. I will continue to recommend Dr. Vincent Frechette.

University Pediatric and Adolescent Center: Dr. Alicia Pekarsky always goes above and beyond for her patients. Her kind nature puts kids and parents at ease. She is a great example of a wonderful physician.

Upstate Pediatrics: Dr. Tobey Kresel is an amazing pediatrician and is always patient, attentive, caring and diligent. Dr. Ellen Schurman is always genuine and caring.

**Upstate Urology: Dr. Joseph Jacob** was very understanding and clearly explained every aspect of what to expect for my course of treatment. **Dr. Joseph Jacob** is always very thorough. **Dr. Dmitriy Nikolavsky** is an amazing doctor. His knowledge, temperament, and skills are perfect.

Thank you for all you do! Please stay safe in here and out there, and do what you can to help protect those around you.

Amy

ALERT — ADVISORY — UPDATE — FOR INFORMATION; UNLIKELY TO REQUIRE ACTION



**<u>UHCC ILI infusion Center</u>** 

### Scheduling & Information-315-464-5955

<u>After hours scheduling by calling admitting @ (315) 464-5280</u> (1630-2300 weekdays & 0700-2300 weekends)

> Updated 1/28/2021 Please disregard previous versions

Purpose-COVID antibody infusions
History
1/4/2021 opened as an infusion only space.
2/1/2021 combined services with the ILI symptomatic clinic.
Public name-UHCC Adult & Pediatric Seasonal Clinic
Epic name-Influenza Like Illness Clinic UH only UHCC
Location-UHCC 1<sup>st</sup> floor (behind radiology), 90 Presidential Plaza
PH: 315-464-5955
Fax: 315-464-5997
Nurse Manager: Tracie Marris RN
Director: Nancy Walklett RN
Hours-0800-1630 M-F Closed for red holidays

**Balmanivimab and casirivimab/imdevimab antibody infusions**-are authorized for the treatment of mild to moderate COVID19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing who are 12 years of age and older weighing at least 40 kg, and who are at high risk for progressing to severe COVID-19 and/or hospitalization within 10 days of onset of illness.

- <u>ILI Infusions</u> see Upstate COVID intranet ILI FAQs for more information
  - <u>UHCC Infusions</u>-Scheduling **315-464-5955** 
    - <u>Apt type</u>-INFUSION 3 HR (180)
    - <u>Resource</u>-ILI UHCC INFSUION 1, 2 or 3
    - Six infusions per day
      - Three AM @ 0900
      - One PM @ 1300
    - After hours scheduling (315) 464-5280
  - o <u>Community Infusions</u>-scheduling 315-464-2131
    - Four infusions per day
    - 0730, 0800,1100 and 1130
    - May have some flexibility with earlier start times based on availability
- Referring office responsibilities
  - o <u>Ambulatory care providers</u>
    - Determine patient eligibility see below
      - Eligibility smart phrases available in Epic to assist with documentation
        - Adults .ILIANTIBODYELIGIBILTYREVIEWADULT
          - *Pediatric patients (Age 12-17)* 
            - .ILIANTIBODYELIGIBILTYREVIEWAGE12T017

- Document patient education on EUA & risk and benefits
  - See *documentation smart phrase below*
  - Consent is covered in the general consent for treatment.
- Complete smartest order-*see snapshot of order below*
- Contact ILI clinic at 315-464-5955 to schedule 0800-1630 M-F
- After hours scheduling (1630-2300 weekdays & 0700-2300 weekends) by calling admitting @ (315) 464-5280
- <u>IHS APPs</u> will complete the same information for the following groups based on information provided by ILI staff and discussion with the patient.
  - Non-Upstate providers
  - Triage & Transfer Center
  - Self-referrals
- <u>ID Providers</u> are available on call in AMION and will serve as a liaison for provider questions or assistance related to infusions.
- <u>Pediatric Patients</u>
  - All patients 12-17 years of age being considered for infusion will be discussed by the referring physician with the Pediatric Infectious Diseases faculty on call.
  - Either the referring physician or the Pediatrics Infectious Diseases physician will document the decision-making process in Epic.
  - Pediatric Infectious Diseases will contact the UPAC attending who will then make arrangements for infusion.
  - The UPAC attending will perform a brief history and physical examination upon admission to the Infusion Center and be available to Infusion Center staff during the visit.

## • ILI scheduling staff

- Will schedule the patient within an acceptable time frame required for infusion
  - Verify order
  - Notify pharmacy infusion lab 315-464-4048
  - Notify UPAC for any patients 12-17 years of age
- Contact the patient to review information related to apt
  - Date, time, length, COVID restrictions (no visitors), arrival time
  - Patient must be able to sit alone for 3 hours and remained mask in the presence of staff
  - Instruct patient to call 315-464-5941 upon arrival & follow instructions from staff on entering the building
- Day of apt
  - Staff will meet patient at the front door and escort them directly to an exam room
  - Patients will register over the phone with 550 ILI staff
  - RN staff will provide patient with EUA fact sheet
  - Address any concerns prior to infusion
  - Alternative infusion methods
    - PICCs are appropriate to use
    - Ports require the following
      - o Clearance from Hem-onc provider
      - Scheduling at the Community site due to staff expertise and resources available.

## Infusion provider coverage

- Provider availability three-tiered response
  - <u>1-Ordering MD</u>
    - Routine questions related to order
    - Pre-infusion patient needs and follow up care
    - Symptomatic patients may be cancelled under the following circumstances

- Respiratory symptoms
  - Tachypnea, O2 sat 94% or less
  - Requiring O2 or increase in O2 therapy due to COVID
- Uncontrolled emesis, unable to keep anything down
- Patient conditions requiring ED evaluation and possible admission
- <u>2-Covering provider</u>
  - Adult & Family Medicine "Doctor of the Day" rotating coverage
  - UPAC is available for pediatric patients
  - Non-urgent in person evaluation needs
  - Possible reaction, difficult IV...
  - New-Department level Smart Phrase for OPIS and ILI UHCC #128248 ILI PROBLEMNOTE. available for covering providers
- <u>3-EMS/911-</u>Critical emergency, anaphylaxis

### Eligibility

### Adult Eligibility for anti-SARS-CoV-2 monoclonal antibody infusion

- 1. Is the patient outpatient, or admitted to the hospital for a reason UNRELATED to COVID-19?
  - a. YES continue below
  - b. If patient is inpatient due to symptomatic COVID or requires oxygen, the patient is NOT ELIGIBLE
- 2. Does the patient have any symptoms?
  - a. YES continue below
  - b. NO patient should be observed only for development of symptoms; EUA does not cover asymptomatic cases
- 3. Counting from Day 1 as the 1<sup>st</sup> day of symptoms, or Day 1 as day of 1<sup>st</sup> positive test if the test was done prior to the patient experiencing symptoms, is the patient within 10 days of onset of illness?
  - a. YES continue below
  - b. Patients must receive their infusion on days 1-10 of illness, otherwise they are NOT ELIGIBLE
- 4. Does the patient have any of the following conditions?
  - a. Diabetes (without mention of A1c)
  - b. Obesity with a BMI  $\ge$  35
  - c. Chronic kidney disease, including End Stage Renal Disease?
  - d. Immunosuppressive disease or taking immunosuppressive medication?
  - e. If yes to any of the above ELIGIBLE
  - f. If no to ALL of the above continue below
- 5. Is the patient aged 65 or older?
  - a. Yes ELIGIBILE
  - b. No continue below
- 6. Is the patient aged 55 or older?
  - a. Yes Does the patient have any of the following?
    - i. Hypertension?
    - ii. Coronary artery disease?
    - iii. Chronic obstructive pulmonary disease or other chronic pulmonary disease?
    - iv. If YES to any of the above and the patient is  $\geq$ 55 ELIGIBLE

#### Pediatric eligibility

- 1. Is the patient aged 12-17 years old?
  - a. Yes Does the patient have any of the following?
    - i. BMI ≥85th percentile for their age and gender based on CDC growth charts, <u>https://www.cdc.gov/growthcharts/clinical\_charts.htm</u>
    - ii. sickle cell disease
    - iii. congenital or acquired heart disease
    - iv. neurodevelopmental disorders, for example, cerebral palsy, OR
    - v. a medical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)
    - vi. asthma, reactive airway or other chronic respiratory disease that requires daily medication for control.
    - vii. If no to ALL of the above PATIENT IS NOT ELIGIBLE FOR MONOCLONAL INFUSION

#### Please consider using the following to describe risks and benefits in provider documentation

The available studies show that these infusions reduce the risk of ending up in the hospital with COVID. They are being offered to people with a high risk of becoming seriously ill with COVID, such as in your case (\_\_\_\_\_\_mention specific risks the patient has). Our experience with these infusions at Upstate has been that they are very well tolerated, and studies also show they are well tolerated. As with any medication, there is a small risk of an allergic reaction, but this appears to be extremely rare. Severe allergic reactions have not been reported and we have not seen them among our patients so far. There are medications available to be used on site in case you develop an allergic reaction.

One important point to mention is that it is not recommended to receive the COVID vaccine until 90 days after you have received an infusion. This is because there is a concern that the infusion might interfere with your body developing an effective immune response to the vaccine. This recommendation may change over time, but for now you will be recommended to wait. This should not be a problem because you should be protected from infection for 90 days because of having had COVID.

### • Snapshot for Placing Order for Bamlanivimab:

	• 7
SmartSets Meds & Orders Problem Lis	st Visit Diagnoses
E SmartSets	
Search for new SmartSet + Add	
Search Results	*
AMB OPIS Bamlanivimab	
	✓ Open SmartSets X Clear Selection

#### ▼ Infusion

▼ Bamlanivimab Infusion	
bamlanivimab 700 mg in sodium chloride 0.9 % 200 mL (3.5 mg/mL) infusion 700 mg, Intravenous, Once, today at 1445, For 1 dose Monitor patients during infusion and observe patients for at least 1 hour after infusi Clinic Infusion, Sign & Hold	ion is complete.
▼ Nursing Orders	
▼ Nursing Orders	
Place IV Routine, ONCE, First occurrence today at 1439 Place IV, Clinic Infusion, Sign & Hold	
Take vital signs Routine, UNTIL DISCONTINUED, starting today at 1439, until Sun 1/17/21, for 30 da Vital Signs every 15 minutes during infusion, then again 1 hour after the infusion is o	
D/C Saline Lock (Specify) Routine, ONCE, First occurrence today at 1439 Clinic Infusion, Sign & Hold	
D/C IV INFUSION ONCE COMPLETE Routine, ONCE, First occurrence today at 1439 D/C IV Infusion once complete., Clinic Infusion, Sign & Hold	
<ul> <li>Anaphylaxis Orders</li> </ul>	
▼ OPIS ANAPHYLAXIS KIT	
<ul> <li>EPINEPHrine (PF) (ADRENALIN) injection 1 mg/mL (1:1,000) Intramuscular, Once, today at 1445, For 1 dose, Clinic Infusion</li> <li>IV is rarely needed and should be limited to patients unresponsive to IM dosing, Sign &amp; Hold</li> </ul>	refractory hypotension, signs of hypoperfusion, or anaphylactic shock.
diphenhydrAMINE (BENADRYL) injection 50 mg 50 mg, Intravenous, Once, today at 1445, For 1 dose, Clinic Infusion, Sign & Hold	

methylPREDNISolone sodium succinate (SOLU-MEDROL) injection 125 mg 125 mg, Intravenous, Once, today at 1445, For 1 dose, Clinic Infusion, Sign & Hold

▼ Additional SmartSet Orders

### Documentation-smart phrases created by Dr Reddy

- VERY basic smart phrase <u>.monoclonaltriage</u> which can be used to document an encounter with the patient, relevant to the Community Campus site
- A separate smart phrase has been created <u>.monoclonalinst</u> with the instructions to the patient, specific to the Community Campus site

This can be adapted to the Downtown site to make sure all the instructions are reviewed; if the patient has My Chart this can be sent them via My Chart

### Smart phrase example

Requested to conduct a telemedicine/telephonic visit with this patient in order to assess eligibility for monoclonal antibody infusion for COVID-19.

### **HISTORY:**

Patient referred by:

Date & location of COVID test:

Date of symptoms onset:

Current symptoms:

Reviewed danger signs with patient in order to determine whether patient would require urgent in-person assessment.

Criteria by which patient is eligible for monoclonal antibody infusion:

### EXAM:

Patient was able to adequately describe symptoms and ability to present as an outpatient for the infusion. Not noted to be short of breath during this encounter.

### PLAN:

Based on the information provided and my assessment of the patient, @preffname@ is eligible for an outpatient infusion of monoclonal antibody/antibodies to prevent progression to severe COVID-19. Use of bamlanivimab or casirivimab/indevimab will be determined based on product availability. Contacted Surgery Center to get the patient scheduled.

The patient has been instructed that they will need to pre-register prior to their infusion, that they must go into the infusion suite unaccompanied (no family/friends allowed in the suite), and that they should call the Surgery Center upon arrival to Community Campus.