

Title: Ordering Therapy Plan for OPD Bamlanivimab (EUA FOR COVID ONLY)

Application: Ambulatory

Affected Role: Providers, Nurses

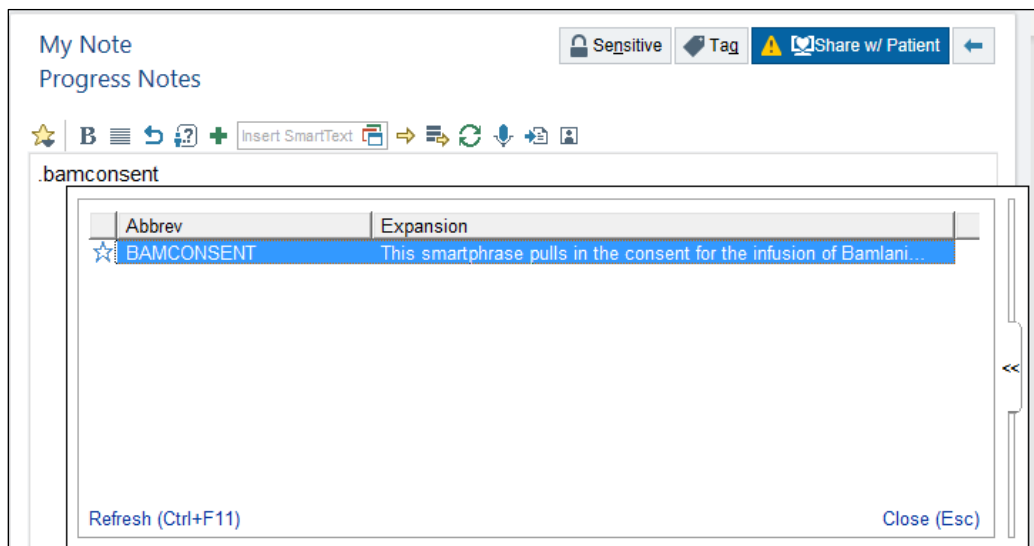
Date: 12/11/2020

Revision Number: 4

If a patient needs to receive the Monoclonal Antibodies a Therapy Plan will need to be added.

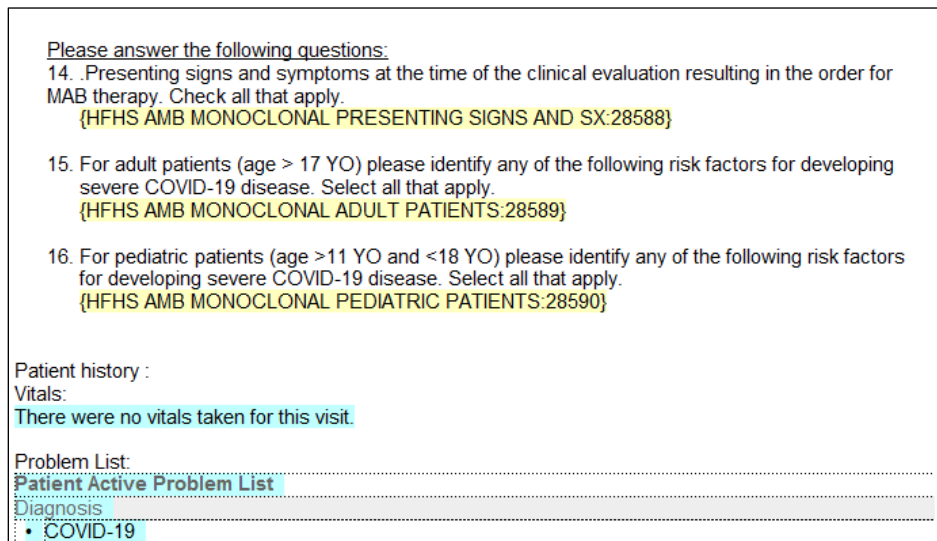
Try It Out

1. Open the patient's chart with a face to face visit, telephone encounter, virtual visit or an Orders Only encounter.
2. Document consent by using the smart phrase **.bamconsent** in your note.



The screenshot shows a 'My Note' editor with a search bar containing '.bamconsent'. A dropdown menu displays a search result for 'BAMCONSENT' with the expansion: 'This smartphrase pulls in the consent for the infusion of Bamlani...'. The interface includes a rich text toolbar and buttons for 'Sensitive', 'Tag', and 'Share w/ Patient'.

3. F2 through the consent to answer the questions.
 - a. Highlight and delete any questions that you cannot answer.
 - b. The patient's vitals will pull into the consent only from a face to face encounter.



The screenshot shows a patient note with the following content:

Please answer the following questions:

14. Presenting signs and symptoms at the time of the clinical evaluation resulting in the order for MAB therapy. Check all that apply.
{HFHS AMB MONOCLONAL PRESENTING SIGNS AND SX:28588}
15. For adult patients (age > 17 YO) please identify any of the following risk factors for developing severe COVID-19 disease. Select all that apply.
{HFHS AMB MONOCLONAL ADULT PATIENTS:28589}
16. For pediatric patients (age >11 YO and <18 YO) please identify any of the following risk factors for developing severe COVID-19 disease. Select all that apply.
{HFHS AMB MONOCLONAL PEDIATRIC PATIENTS:28590}

Patient history :
Vitals:
There were no vitals taken for this visit.

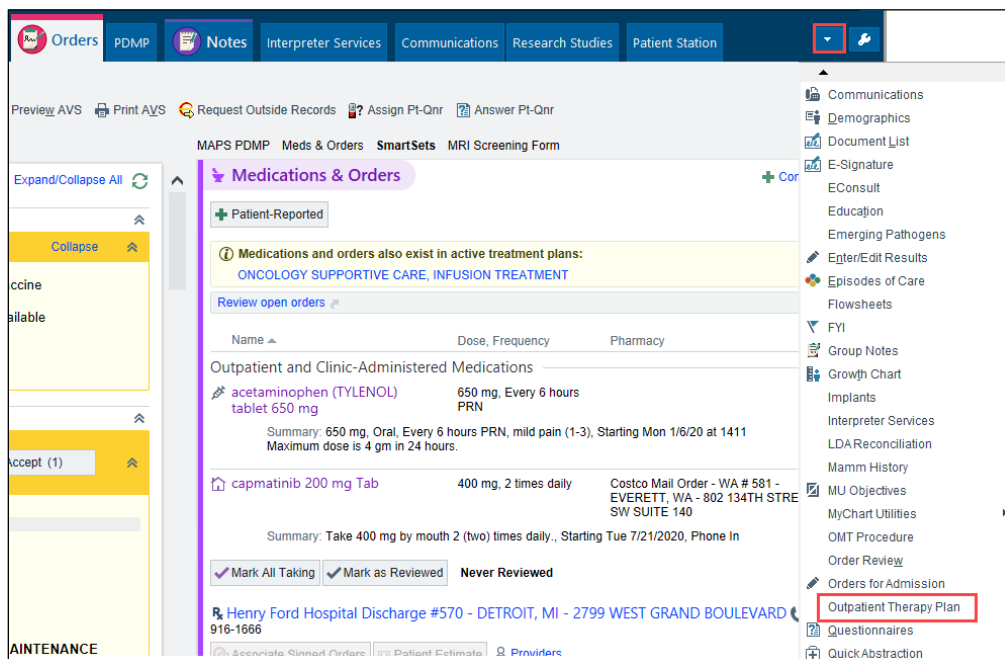
Problem List:
Patient Active Problem List
Diagnosis
• COVID-19

4. Open Outpatient Therapy Plan.

- a. Search for Outpatient Therapy Plan in your Search Tool located in Storyboard.

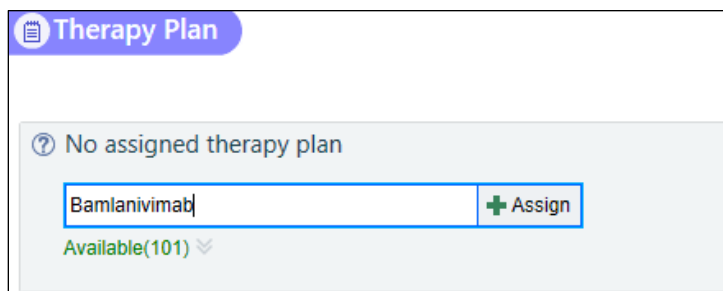


- b. Outpatient Therapy Plan is also located under the more activities drop down arrow and select Outpatient Therapy Plan.



5. In the Therapy Plan search box look for OPD Bamlanivimab (EUA FOR COVID ONLY). Click Assign.

- a. **Completion and signing of the Therapy Plan will place the plan in a scheduling work queue for CSR processing.**
- b. **For Central Market the provider should contact the infusion center prior to placing the plan, schedulers in this market will not schedule from a work queue.**



6. The Therapy Plan Properties window will open. Fill in the Plan start date, Lead Provider and Treatment department.
 - a. Plan start date: Desired date of infusion
 - b. Lead provider: PCP/Specialist ordering the plan
 - c. Treatment department: Location of infusion therapy (e.g. DETC Infectious Disease, Columbus Infectious Disease, etc.)

Therapy Plan Properties - OPD BAMLANIVIMAB (EUA FOR COVID ONLY)

Plan name: OPD BAMLANIVIMAB (EUA FOR COVID ONLY)

Plan start date:

Lead provider:

Treatment department:

Problems | Preview Plan

Problems associated with this treatment are:

COVID-19

<input type="checkbox"/>	Description	Most Recent Stage	Overview	Resolves To
<input checked="" type="checkbox"/>	COVID-19			COVID-19

Add a new problem

Add to favorites

7. Click **Assign Plan**.
8. Select the check box beside the therapy plan name. This will select All Orders, do not unselect any orders.

Therapy Plan

OPD BAMLANIVIMAB (EUA FOR COVID ONLY) Plan start: 11/20/2020 Steven T Fried, MD - Properties

Plan Not Signed Show: Order Details

Select orders to include in the plan, then click **Sign Plan** to activate the plan and sign the orders. Only orders that have been selected will be included in the plan.

<input type="checkbox"/>	Interval	Duration	Due
<input checked="" type="checkbox"/>			
<input type="checkbox"/>	Once	1/1 remaining	Fri 11/20/2020
<input type="checkbox"/>	Once	1/1 remaining	Fri 11/20/2020

Provider Communication

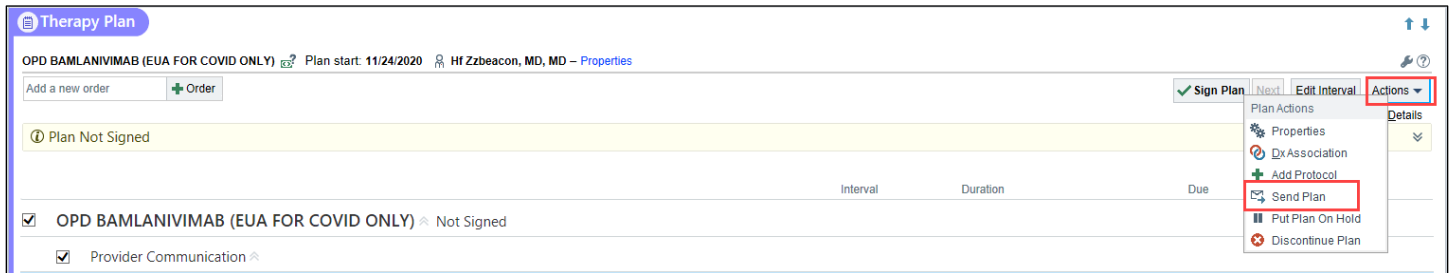
Provider Communication 1
Order details
Bamlanivimab has been authorized for emergency use by the FDA. Fact Sheets for healthcare providers and patients and caregivers can be found at www.bamlanivimab.com.

Provider Communication 2
Order details
Adverse events must be reported to the FDA MedWatch program. This can be done online at www.fda.gov/medwatch/report.html or by filling out a FDA Form 3500 (health professional) and submitting via fax at 1-800-FDA-1088.

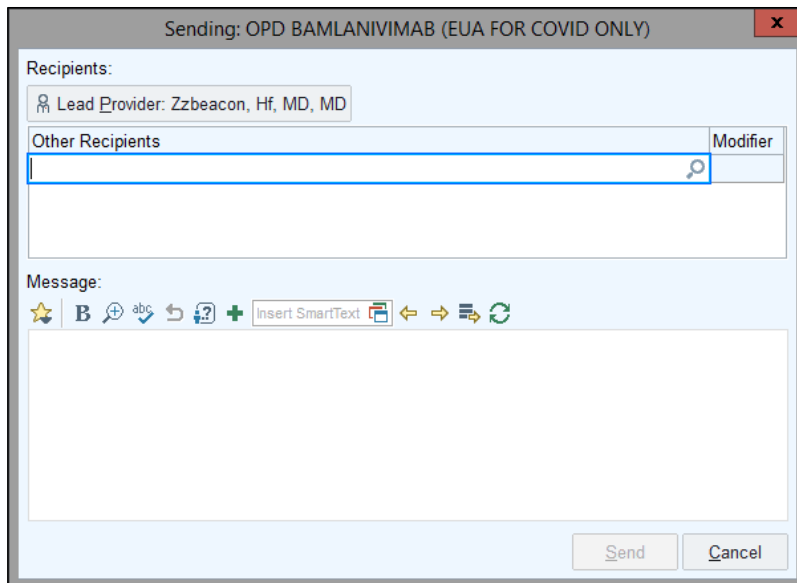
If a provider is entering the Therapy Plan go to Step #9

If a nurse is teeing up the plan for the provider:

- a. Click on **Actions**. In the drop down click **Send Plan**.

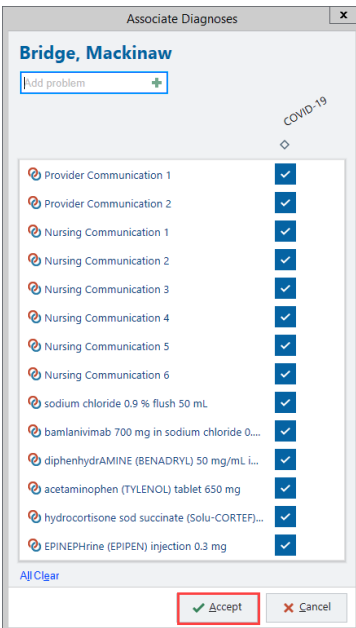


- b. The Sending window will open. Fill in Provider Recipient and any Message needed. The Therapy Plan will be sent to the Recipient InBasket to be signed in the **Treatment Plans** folder.



- 9. Review the Provider Communication and all orders within the Therapy Plan. Scroll down to the bottom of the Therapy Plan and click **Sign Plan**.

10. The Associate Diagnoses window will open, assure orders are associated with the proper diagnoses. Click **Accept**.



11. Complete/Sign the visit.

- a. **Completion and signing of the Therapy Plan will place the plan in a scheduling work queue for CSR processing.**
- b. **For Central Market the provider should contact the infusion center prior to placing the plan, schedulers in this market will not schedule from a work queue.**