



Initial Date: 02/05/2021  
Revised Date: 03/25/2021

**Michigan**  
**\*EMERGENCY\* COVID-19 PANDEMIC**  
**MONOCLONAL ANTIBODY ADMINISTRATION**

Section 14-13

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***Monoclonal Antibody Administration***

- I. **Purpose:** To allow for paramedics to administer monoclonal antibodies with an order from a physician or other authorized prescriber. Verify that the patient meets current criteria<sup>1</sup>
  - A. Must be all of the following
    - i.  $\geq 18$  years old
    - ii.  $\geq$  least 40 kilograms
    - iii. Having mild to moderate COVID-19; high risk for progressing to severe COVID-19 and/or hospitalization within 10 days of symptom onset
  - B. Must be at least one of the following
    - i. Has a body mass index (BMI)  $\geq 35$
    - ii. Has chronic kidney disease
    - iii. Has diabetes
    - iv. Has immunosuppressive disease
    - v. Is currently receiving immunosuppressive treatment
    - vi. Is  $\geq 65$  years of age
    - vii. Is  $\geq 55$  years of age AND has: cardiovascular disease or hypertension, or chronic obstructive pulmonary disease/other chronic respiratory disease.
  - C. Must not be
    - i. hospitalized due to COVID-19, OR
    - ii. requiring oxygen therapy due to COVID-19, OR
    - iii. requiring an increase in baseline oxygen flowrate due to COVID-19 for those on chronic oxygen therapy due to an underlying non-COVID-19 related co-morbidity.
- II. Monoclonal Antibody Infusion
  - A. Assure that the standardized order form is complete and signed (electronic okay) by the ordering prescriber and that the form matches the medication being administered.
  - B. Provide a copy of the Fact Sheet for Patients, Parents, and Caregivers appropriate to medication and that the patient or the patient's authorized representative has signed a copy of Fact Sheet and agrees to receive the infusion.
    - i. The signed Fact Sheet should become part of the EMS patient care record and a copy provided to the ordering prescriber.
    - ii. If the patient is unable to sign, the ordering prescriber is responsible for assuring the authorized representative has received the Fact Sheet and agrees to treatment.
    - iii. [Fact Sheet For Patients, Parents And Caregivers Emergency Use Authorization \(EUA\) Of Bamlanivimab](#)
    - iv. [Fact Sheet For Patients, Parents And Caregivers Emergency Use Authorization \(EUA\) Of Casirivimab And Imdevimab](#)
    - v. [Fact Sheet for Patients, Parents and Caregivers Emergency Use Authorization \(EUA\) of Bamlanivimab and Etesevimab](#)

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<sup>1</sup> Criteria may change. This protocol is applicable to the criteria in the most current FDA published guidelines.

- C. Refer to the appropriate Fact Sheet for Healthcare Provider for detailed information on the specific infusion being administered. This document should be accessible at all times and should be reviewed prior to the paramedic administering this medication for dosing and administration specifics.
    - i. [Bamlanivimab](#)
    - ii. [Casirivimab and imdevimab](#)
    - iii. [Bamlanivimab and etesevimab](#)
  - D. Perform infusion as directed in the appropriate Fact Sheet for Healthcare Provider.
  - E. Discontinue the infusion and flush IV with 10 mL of NSS, keeping the IV in place during monitoring period.
  - F. Treat any significant infusion related symptoms (e.g., nausea, fever, etc.) in accordance with appropriate approved protocols and/or prescribing clinician's orders.
- III. Monitoring and Infusion-Related Problems
- A. Full vital signs should be obtained prior to beginning the infusion.
  - B. For patients with vital signs within normal limits, vital signs should be monitored at least every 30 minutes during the infusion and post-infusion observation period.
  - C. For patients that have or develop any abnormal vital signs or experience any side effects, vital signs must be recorded at least every 15 minutes.
  - D. If a patient has minor symptoms during the infusion
    - i. Slow the rate of infusion
    - ii. If symptoms do not improve, treat per appropriate protocols and consider discontinuing the infusion.
    - iii. If symptoms worsen, stop infusion and contact prescribing health care provider or medical control.
  - E. If a patient has significant symptoms that appear to be infusion-related, immediately discontinue the infusion and contact the prescribing health care provider or medical control.
  - F. All patients must be monitored, as above, for at least 60 minutes after completing or discontinuing the infusion.
  - G. At the conclusion of the 60-minute observation period, and:
    - i. If there have been no changes in the patient's vitals, or the patient has improved since initial assessment, no contact with medical control is necessary. The patient may be released, with instructions to seek medical assistance or contact 911 if symptoms worsen.
    - ii. If there are changes in the patient's status, but they have resolved/improved, consider making contact with the ordering clinician and advising of infusion related symptoms and status. The patient may be released, with instructions to seek medical assistance or contact 911 if symptoms worsen.
    - iii. If the patient experiences concerning or worsening symptoms, provide continued care per appropriate protocols and transport to the hospital. Medical control must be contacted if the patient is refusing transport to the emergency department.



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- IV. Documentation and Reporting
  - A. Any medication errors or serious adverse events must be reported to the prescribing health care provider.
  - B. Electronic Patient Care Reports must be completed for each patient receiving an infusion of monoclonal antibody therapy administered by the paramedic.
    - i. Document vital signs, general assessment, and how the patient tolerates infusion, including potential infusion-related side effects or change in COVID-19 symptoms.
    - ii. Document the lot number and expiration of the medication on order form and in narrative section of EMS patient care report.
    - iii. In the narrative section document "MAB infused by paramedic"
  - C. Additional Documentation
    - i. Complete and submit the electronic Patient Profile Form
    - ii. Assure that the ordering clinician receives a copy of the completed order form, EMS patient care record, and signed Fact Sheet for Patients, Parents, and Caregivers