

<b>Care Directive Title:</b>	Management of COVID-19 Therapeutics	
<b>Applies To:</b>	Regulated Health Care Providers	
<b>Approved:</b>	<b>Effective:</b>	<b>Next Review:</b>
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<b>Number:</b> CD-PT-020	<b>Manual:</b> Care Directives	

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## PURPOSE

This care directive (CD) provides the Regulated Health Care Provider (RHCP) with the authority and conditions under which they may:

- Initiate peripheral intravenous (IV) access for IV infusion of COVID-19 therapeutics
- Accessing a Central Venous Access Device (CVAD) for the administration of COVID-19 therapeutics
- Administer COVID-19 therapeutics, and
- Manage infusion-related reaction or anaphylaxis reaction, if required.

## POLICY STATEMENTS

1. There must be a COVID-19 Therapy order set authorized by a Designated Prescriber on the patient's health record.
2. Each setting is responsible to determine the applicability and implementation of this CD. This CD applies to:
  - Inpatient Units
  - In-home setting (e.g., Continuing Care, Nova Scotia Health,)
  - COVID-19 Testing Centres
  - Emergency Departments
  - Ambulatory Care Departments
  - Mental Health and Addictions Units, the East Coast Forensic Hospital and Correctional Health Services (CHS)
  - First Nations community settings as identified by First Nations Leadership

### PRACTICE ALERT:

- In any setting, if any staff observes that a patient (on arrival) appears acutely unwell or may require immediate medical attention, they **MUST NOT** proceed with COVID-19 therapy.
- They are responsible to seek assistance and ensure emergency care services are contacted immediately (e.g., 911, emergency on-call staff).
- The Designated Prescriber must be contacted to determine appropriateness to proceed with COVID-19 therapy (as per [Non-severe COVID-19 Designated Prescriber List](#)).

3. The RHCP initiating and administering COVID-19 therapy must have competency in the associated skills (e.g., CVAD, IV insertion, IV pump use).

4. COVID-19 IV therapy must be administered using an infusion pump with Dose Error Reduction System (DERS) as per:
  - [Nova Scotia Health IV Drug Therapy Manual](#)
5. The first dose of COVID-19 IV therapeutics must be administered by a registered nurse (RN), advanced care paramedic (ACP) or critical care paramedic (CCP).
6. This CD is implemented as follows (see definitions for further clarification regarding scope of employment):
  - 6.1. The LPN is authorized to autonomously implement this CD for subsequent doses if all of the following are met:
    - The client's needs are known,
    - The intervention is part of an established plan of care,
    - The client's response(s) to the intervention are known, consistent over time, or readily anticipated, and
    - Sufficient resources are available within the environment (i.e., staff, policy, equipment etc.).
  - 6.2. If any of the above conditions are not met, the LPN must collaborate with the RN, ACP, CCP, or AP to determine the appropriateness of implementing this CD.
  - 6.3. Each clinical setting will determine the process of collaboration required among health care providers.

Provider Group	Patient Population	Care Directive implementation	Initiate IV catheter/ Administer medication
RN	12 years and older	Autonomously	Initiate IV/Administer Medications/Assign task (Must give first dose)
ACP/CCP	12 years and older	Autonomously	Initiate IV/Administer Medications (Must give first dose)
Licensed Practical Nurse (LPN)	12 years and older	In collaboration with RN, ACP or CCP for first dose; <a href="#">For subsequent doses, autonomously if conditions under 6.1 are met</a>	Initiate IV/Administer Medications (IV second and subsequent doses only)

Graduate Nurse, Graduate Practical Nurse	12 years and older	In collaboration with RN/LPN Preceptor, ACP or CCP	Initiate IV/Administer Medications (IV second and subsequent doses only)
Health Care Learner	12 years and older	In collaboration with RN or RHCP preceptor, ACP or CCP	Initiate IV/Administer Medications (IV second and subsequent doses only)

7. Collaboration between RHCPs will increase when the patient has unique care needs (e.g., age related, inability to understand the procedure, developmental/cognitive challenges, family/support presence required), as per [Nova Scotia College of Nursing \(NSCN\) Three Factor Framework](#).
8. The Designated Prescriber must be available (in-person or remotely) for consultation in the event of complications or concerns.
9. For an infusion reaction or anaphylaxis reaction during or after COVID-19 therapy, the MRHCP must be contacted.
  - 9.1. Refer to [Mandatory Reporting of Serious Adverse Drug Reactions and Medical Device Incidents \(Vanessa's Law\) - Policy and Procedure - NSHA AD-QR-030, IWK-339](#)
10. Patients who have had anaphylactic reaction and received EPINEPHrine must be assessed by an MRHCP to determine plan of care.

**COMPETENCY REQUIREMENTS**

1. **Obtain** initial training as per the following:
  - [Learning Checklist COVID-19 IV Therapeutics](#)
  - Review of this care directive.

**PROCEDURE**

**COVID-19 Therapy**

1. Initiate IV access:
  - Initiate peripheral IV if no CVAD in place.
  - Access CVAD, if in place.
2. Initiate appropriate signed order set:
  - [Injectable Therapies for Non-Severe COVID-19 \(NSOSCOVIDIT\)](#)
  - [COVID-19 Therapeutics IV Infusion Flowsheet](#)

## Infusion Reaction

1. Stop the infusion if the patient develops any or a combination of the following symptoms:
  - Fever,
  - Chills,
  - Hypotension,
  - Rash, or
  - Pruritis.
2. Complete a patient assessment including updated vital signs.
3. Contact the MRHCP for direction.
  - 3.1. The MRHCP must contact the Designated Prescriber to determine appropriateness to continue with COVID-19 therapy.
4. Document interventions and patient response.

## Anaphylaxis Management

**Note:** [ASSESS client for signs and symptoms of anaphylaxis.](#)

*Anaphylaxis criteria are met if 2 or more of the following systems affected:*

CNS (e.g., confusion, irritability, drowsiness)

+/- Skin (e.g., urticaria, erythema/flushing, angioedema)

+/- Cardiovascular (e.g., hypotension, dizziness, tachycardia)

+/- Respiratory (e.g., bronchospasm, upper airway obstruction)

+/- GI (e.g., abdominal pain, vomiting, diarrhea).

See: [Initial Management of Anaphylaxis Following Immunization or Administration of COVID-19 Therapeutics Flowchart](#)

1. In the event of Anaphylaxis, the RHCP Activates emergency protocol as per setting, or designates someone to call (e.g., call 911, 902-473-3333, or #3333 for Code Blue response).
  - 1.1. Refer to [Code Blue/Pink - Policy and Procedure - NSHA CL-EM-010](#) or [relevant, local Code Blue policy and procedure](#) (use OP3 search).
2. Provide the **CABs** of resuscitation (**C**irculation, **A**irway, **B**reathing).
3. Position the patient in a recumbent position of comfort with legs elevated, if possible and as appropriate.
4. **Immediately administer EPINEPHrine 0.5 mg intramuscular (IM) (1 mg/mL solution).**

**Note:**

- Filter needle is not required for EPINEPHrine (1 mg/mL solution).
- **Administer EPINEPHrine into the mid-anterolateral aspect of the thigh (vastus lateralis muscle).**
  - The deltoid muscle of the arm is **not** as effective as the thigh in absorbing EPINEPHrine.

**PRACTICE ALERT:**

- A serious adverse event could result if the patient stands or sits suddenly following administration of EPINEPHrine.
- The patient should remain in recumbent position after receiving EPINEPHrine, as mild and transient effects such as pallor, tremor, anxiety, palpitations, headache and dizziness may occur.

5. Record the time of the dose.
6. **Repeat EPINEPHrine at 5 minute intervals, if symptoms persist to a maximum of three (3) doses.**
7. Stabilize and monitor the patient.
8. When indicated, if available and applicable to the setting:
  - 8.1. Give supplemental oxygen (6 to 8 L/minute – not to exceed 15 L/minute) by face mask or oropharyngeal airway (if available) to the patient displaying signs of
    - Cyanosis,
    - Dyspnea, or
    - Any other severe reaction requiring repeated doses of EPINEPHrine.
  - 8.2. Monitor blood pressure, cardiac rate and function, and respiratory status.
9. Contact the MRHCP to immediately assess the patient and determine plan of care.
10. As symptoms of an anaphylactic reaction can reoccur after the initial reaction, all persons in community settings receiving emergency EPINEPHrine must receive urgent care from Emergency Health Services (EHS) and be transported to hospital immediately by EHS for assessment and observation. Clients in hospital/long term care settings must be closely monitored for at least 12 hours.

**Documentation and Reporting**

1. Follow Relevant Local Policy for documentation, and any regulatory or setting specific requirements.
  - 1.1. Complete documentation in the health record using standard procedures.

- 1.2. Notify Manager, Designated Prescriber, or delegate as appropriate.
- 1.3. Fax to email the [Initial Management of Anaphylaxis or Administration of COVID-19 Therapeutics Following Immunization Documentation](#) to the COVID-19 Non-severe Therapeutics Pharmacist Consult Service at (902) 492-5604.

## REFERENCES

Nova Scotia College of Nursing. (2022). *Care Directives: Guidelines for nurses*.  
<https://cdn3.nscn.ca/sites/default/files/documents/resources/CareDirectives.pdf>

## RELATED DOCUMENTS

[NS Health COVID-19 Medication Recommendations](#)

[Severe COVID-19 Treatment Overview](#)

[Non-severe COVID-19 Treatment Overview](#)

[Non-severe Therapeutics Referral Criteria Checklist \(Nirmatrelvir/Ritonavir \(Paxlovid\), Remdesivir, tixagevimab/cilgavimab \(Evusheld\)\)](#)

[Non-severe COVID-19 Designated Prescriber List](#)

[Medication Summary - Remdesivir](#)

[IV Monograph - Remdesivir](#)

[Resources for Outpatient COVID-19 Pharmacotherapy](#)

[Initial Management of Anaphylaxis Following Immunization or Administration of COVID-19 Therapeutics Flowchart](#)

[Initial Management of Anaphylaxis Following Immunization or Administration of COVID-19 Therapeutics Documentation](#)

[Medication Summary: Nirmatrelvir/Ritonavir \(Paxlovid\)](#)

[Nirmatrelvir Ritonavir \(Paxlovid\) Drug Interaction Assessment Tool](#)

[Nirmatrelvir/ritonavir \(Paxlovid\) Manipulation Instructions](#)

## Policies

[Administration of Intravenous \(IV\) Medication and Blood Products by LPNs - Policy - NSHA CL-AP-015](#)

[Central Venous Access Devices: Care and Maintenance - Umbrella Policy and Procedure - NSHA CL-PT-001](#)

[Client Identification - Policy and Procedure - NSHA CL-SR-025](#)

[Flushing Peripheral, Midline Intravenous and Central Venous Access Devices - Care Directive - NSHA CD-PT-005](#)

[Initial Management of Anaphylaxis Following Immunization - Care Directive - IWK 1175 NSHA CD-PH-020](#)

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[Intravenous Initiation Guidelines - Care Directive - NSHA CD-EC-010](#)

[Injectable Therapies for Non-Severe COVID-19 \(NSOSCOVIDIT\)](#)

[Mandatory Reporting of Serious Adverse Drug Reactions and Medical Device Incidents \(Vanessa's Law\), NSHA AAD-QR-030, IWK-339](#)

[Patient Safety Incident Management, AD-QR-015](#)

[Smart Pump Infusion Therapy - Use of Infusion Pump with Dose Error Reduction System \(DERS\) - Policy Directive - NSHA CL-PT-010](#)

[Smart Pump Infusion Therapy - Use of Infusion Pump with Dose Error Reduction System \(DERS\) - Procedure Directive - NSHA CL-PT-010.01](#)

## **Brochures**

[Remdesivir Patient Information](#)

[Nirmatrelvir/Ritonavir \(Paxlovid\) Patient Information](#)

## **Appendices**

Appendix A: Definitions

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## Appendix A: Definitions

<b>Anaphylaxis</b>	<p>Anaphylaxis is the acute onset (within minutes to several hours) of the following signs/symptoms:</p> <p><b>Skin/mucosal</b> changes (urticarial, erythema/flushing and/or angioedema)</p> <p><b>AND</b> one other system:</p> <p>+/- <b>cardiovascular</b></p> <p>+/- <b>respiratory</b></p> <p>+/- severe <b>GI</b> symptoms</p> <p style="text-align: center;">OR</p> <p>Hypotension, bronchospasm, or upper airway obstruction with exposure to <b>known/probable</b> allergen</p> <p><b>System Symptoms</b></p> <p>Skin and mucosa Generalized hives, pruritis and/or erythema, swollen lips-tongue-uvula, angioedema</p> <p>+/- Cardiovascular Hypotension, syncope, reduced level of consciousness, dizziness</p> <p>+/- Respiratory Shortness of breath, wheeze/bronchospasm, cough, stridor, hypoxemia</p> <p>+/- GI: Severe crampy abdominal pain, repetitive vomiting, diarrhea</p>
<b>Anaphylaxis Kit</b>	<p>An Anaphylaxis Kit contains the medication and supplies required to initially treat Anaphylaxis. Medication (e.g., epinephrine) and other emergency supplies should be checked on a regular basis and replaced when outdated. Anaphylaxis Kits may also be available from local pharmacy departments. Refer to <a href="#">Appendix B</a>.</p>
<b>Designated Prescriber</b>	<p>A designated prescriber is authorized to prescribe COVID-19 medications that are in a prioritization phase as recommended by the Nova Scotia COVID-19 Therapeutics and Prophylactics Advisory Group. Prioritization phase is in place to ensure sustainability and appropriate use during a time of rapidly changing evidence and supply.</p>
<b>Graduate Nurse/Graduate Practical Nurse</b>	<p>Newly graduated nurse or graduate from a nursing program who holds a conditional license from Nova Scotia College of Nursing (NSCN).</p>

<b>Health Care Learner</b>	Enrolled in a health care program and whose placement and supervision is provided by a Nova Scotia Health/IWK Health employee.
<b>Most Responsible Health Care Practitioner (MRHCP)</b>	The physician, clinical associate, or nurse practitioner who has responsibility for directing and coordinating the care and management of an individual patient at a specific point in time.
<b>Regulated Health Care Provider (RHCP)</b>	<p>The practice of a Regulated Health Care Provider is set out by legislation. A college, association, board or other entity regulates the practice of the provider in the public interest by setting out the criteria for membership, a process for the investigation/resolution of complaints against members and provides that persons who are not admitted as members may not engage in the scope of practice as defined in the governing statute. A Regulated Health Care Provider has a governing statute; a scope of practice as defined in its governing statute; and is guided by standards of practice and a code of ethics.</p> <p>A Regulated Health Care Provider includes the following:</p> <ul style="list-style-type: none"> <li>○ Registered Nurse (RN),</li> <li>○ Licensed Practice Nurse (LPN),</li> <li>○ Advanced Care Paramedic (ACP),</li> <li>○ Critical Care Paramedic (CCP),</li> <li>○ Graduate Nurse (GN),</li> <li>○ Graduate Practical Nurse (GPN)</li> </ul>
<b>Relevant Local Policy</b>	Policies of the former district health authorities that are in effect until superseded by Nova Scotia Health policy.

## Appendix B: Anaphylaxis Kit Contents

- Quick Reference: 1 [Initial Management of Anaphylaxis Following Immunization or Administration of COVID-19 Therapeutics Flowchart](#)
- Quick Reference: 1 [Initial Management of Anaphylaxis Following Immunization or Administration of COVID-19 Therapeutics Documentation](#)
- 3 x 1 mL amp EPINEPHrine (1 mg/mL)
- 3 x 1 mL syringes
- 3 x 3 mL syringes
- 3 x 25 gauge 1” needles
- 3 x 25 gauge 1.5” needles
- 6 alcohol swabs
- 4 x 2” x 2” sterile gauze sponges (2 packages)

## DISTRICT HEALTH AUTHORITY POLICIES BEING REPLACED

n/a

### VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2022-07-18	HAMAC	N/A
	2023-02-06	n/a	Updated links.