| Indigenous Services Se | ervices aux |
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| Canada Al | utochtones Canad |

Remdesivir: Client Care Notes:

Side 1: Administration of Remdesivir Antiviral Infusion

| Patient Label: CLIENT NAME (Last name, F | First name): |
|---|--------------|
| AGE: DOB: | PHN: |

| Date of Ad | lministratio | n: | | N | lame of H | ICP/Desid | nation: | | | Educatio | n Provided: |
|---|--|--------|-----------------------------|------------|--|---------------------------------|---------------|---|-----------------|----------|---|
| Date of Administration: Name of HCP/Designation: Education Provided: | | | | | | | | | | | |
| Weight: (estimate/actual) Height: (estimate/actual) | | | | | | | | | | | |
| Client is eligible for remdesivir treatment: Please specify ☐ Age ☐ Immunocompromised or immunosuppressed ☐ Comorbidity | | | | | | Mild/Moderate Symptoms Present: | | | | | |
| Allergy / Intolerance to Medication No known medication allergies Medication allergies, as follows: Drug Name: Reaction: Drug Name: Reaction: See attached medication list | | | | | Date of Symptom Onset: • SARS-CoV-2 RT-PCR PENDING AS OF: RESULT: • POS • NEG • Antigen test PENDING AS OF: RESULT: • POS • NEG • N/A | | | | | | |
| Medica | ntion Lo | t # | | | | | | Labwork (if available) and Date: eGFR, ALT, PTT (INR) | | | |
| | | | | | Vital | Signs | | - CO.T. | Describe | (2.11.6) | |
| | Pre: (basel | line) | | | 4) | g, | <u> </u> | | Describe | | |
| Date/ Time | During: (q mins) Post: (15 r post infusio | mins | Glasgow Coma Scale (GCS) | Heart Rate | Blood Pressure | Respiratory Rate | 02 saturation | Temperature | Adverse Reactio | n? | Any questions or concerns: *See Progress Notes |
| | Baselin | ne | | | | <u> </u> | | | | | |
| | Infusio | fusion | | | | | | | | | |
| | Start | | | | | | | | | | |
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| Date/1 | Time | | | | | | | | gress tes | | |
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