**Education Module for the Administration of Sotrovimab Infusion in FNIHB Nursing Stations**

**Table of Contents**

Objectives 3

Section 1: Training Overview 3

Prerequisites 3

Instructions for Completion 3

Objectives 3

Instructions for Completion 4

Section 2: Learning Material and Exercises 5

Introduction 5

Objective One: Nomenclature, uses, and indications for monoclonal antibodies 6

Objective Two: Pharmacologic category, indications, and use of sotrovimab in Alberta 7

Objective Three: Limitations/contraindications/adverse reactions/side effects of sotrovimab 9

Objective Four: Route, supply/dosage, composition/storage/packaging for sotrovimab 12

Objecive Five: Equipment/supplies and dilution and administration procedure 16

Objective Six: Follow-up process and patient and family teaching expectations 19

Objective Seven: Documentation expectations for the administration of sotrovimab 22

APPENDIX A: AHS Parenteral Monograph

APPENDIX B: Consent to Treatment Plan or Procedure (09741 [Rev 2913-10])

APPENDIX C: Sotrovimab Screening FNIHB-AB Region

APPENDIX D: Sotrovimab Evaluation Quiz

APPENDIX E: AHS FAQs for Healthcare Providers

APPENDIX F: AHS FAQs for Patients/Public

APPENDIX G: AHS Sotrovimab (Monoclonal Antibodies) Patient Information Sheet

APPENDIX H: FNIHB Sotrovimab Administration Process Map

APPENDIX I: Sotrovimab Client Care Notes

APPENDIX J: Health Canada (HC) Product Monograph

APPENDIX K: Sotrovimab NP Follow Up: Post Administration Monitoring

APPENDIX L: Sotrovimab Prescription

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# Objectives

At the completion of this module, the learner will be able to:

1. Outline the nomenclature, uses, and indications for monoclonal antibodies;
2. Recognize the pharmacological category, indications, setting specific principles and consent for use of Sotrovimab in Alberta Remote and Isolated First Nation Communities;
3. List the limitations, contraindications, adverse reactions/side effects, and monitoring requirements for Sotrovimab;
4. Recognize the considerations, limitations of authorized use, indications for applying guidance, route of administration, supply, dosage, composition, and storage/packaging requirements for Sotrovimab;
5. Outline the procedure (and the equipment required) for diluting and administering Sotrovimab;
6. Identify the requirements for follow-up care and patient and family teaching following the administration of Sotrovimab;
7. Documentation expectations for the administration of Sotrovimab.

**Assessment of Learning (Appendix D)**

The quiz must be completed for this module with a passing mark of 80%.

# SECTION 1: Training Overview

## **Prerequisites**

Prior to completing this module, you must:

* Complete the FNIHB Infusion Pump Education (if you did not receive the Infusion Pump Education in your primary care orientation, please reach out to the Regional Nurse Educator (RNE)).
* Review the AHS Parenteral Monograph for Sotrovimab **(Appendix A)**

**Instructions for Completion**

Following the completion of the outlined education, you will be able to apply the knowledge, skills, attitudes and behaviours that promote safe clinical practice.

In order to maximize your learning, we recommend using this module as a guide. It is important that you complete all the objectives and learning activities in the order, they are presented. At the end of the module, you will complete a quiz that will help you assess your knowledge in the subject area.

If you do not understand the concepts presented in the module, review the content until you do feel comfortable. If you continue to have difficulty, please contact your Nurse in Charge (NIC) or Regional Nurse Educator (RNE) and ask for assistance.

In order to progress through this material, please:

1. Complete this learning module;
2. Complete the quiz found at the end.

## **SECTION 2: Learning Material and Exercises**

**Introduction**

Coronavirus disease 2019 (COVID-19) is a public health emergency that has had a significant impact on the Alberta health sector. It has placed a strain on healthcare staff and reduced bed capacity in ED’s, ICU’s, and acute care facilities across the province. As of December 7, 2021, First Nations Inuit Health Branch (FNIHB) has identified 14,322 COVID-19 cases and reported 147 deaths of Indigenous people living on reserve in Alberta. In an attempt to reduce hospitalizations and deaths, the AHS COVID-19 Monoclonal Antibodies Working Group has developed an expedited approach to offer Sotrovimab to Alberta that has been shared with FNIHB Nursing.

This module discusses the pharmacologic categorization, indications, contraindications, adverse reactions/side effects, and patient monitoring/education requirements for Sotrovimab. It provides an overview of the medication’s supply, dosage, composition, and storage/packaging requirements and outlines the procedure (including the equipment/supplies required) for diluting and administering Sotrovimab.

It is important to note that the administration of Sotrovimab to outpatients in Alberta is rapidly evolving; therefore, eligibility criteria (and some other elements of the initiative) may change, however, the focus will continue to be delivering safe and high- quality patient care. We will communicate changes and adjust the information within the module accordingly.

**Objective 1: Outline the nomenclature, uses, and indications for monoclonal antibodies**

**Monoclonal Antibody Nomenclature**

Antibodies (immunoglobulins) are high-molecular-weight glycoproteins produced by B-lymphocytes in response to antigenic stimulation. They are made up of four amino acid chains comprising two heavy chains and two light chains arranged in a Y-shape. The heavy chains (Fc domain; complement binding) constitute the constant region of the molecule and determine its effector function - for example, whether it binds to Fc receptors on immune cells or activates the complement cascade; the amino acid sequence of the Fc domain is identical for all antibodies within a class (e.g. IgA, IgD, IgE, IgG, IgM). The light chains (Fab domain; fragment antigen binding) constitute the variable region of the molecule and form the antigen-binding site; specific amino acid sequences (the complementarity-determining region) determine the ability of the antibody to bind to the epitope (the antigenic determinant) of the target molecule and the degree of binding. There may be several different epitopes on one antigen and a usual antibody response in vivo will therefore produce polyclonal antibodies [e.g. antisera] (Lexicomp, 2010).

**Monoclonal antibodies**, on the other hand, are identical antibodies produced by a single clone of B-lymphocytes that will bind only to a specific epitope on the target antigen. Monoclonal antibodies interact with, and influence, the function of target molecules through binding, blocking, or signaling, depending on the Fab region of the antibody (Lexicomp, 2010). They are essentially laboratory-made proteins that mimic the immune system’s ability to fight off harmful antigens such as viruses.

Monoclonal antibodies are not new and have been produced for a variety of different uses. Therapeutic and diagnostic uses include:

• Neovascular (wet) age-related macular degeneration,

• Allergic asthma,

• Bacterial and viral infections,

• Bone disorders,

• Cardiovascular disorders,

• Hereditary angioedema,

• Immunosuppression in transplant recipients,

• Inflammatory bowel disease,

• Inflammatory joint disorders,

• Malignant neoplasms,

• Migraine,

• Multiple sclerosis,

• Paroxysmal nocturnal haemoglobinuria, and

• Plaque psoriasis (Lexicomp, 2010).

**Objective 2: Recognize the pharmacological category, indications, setting specific principles and consent for use of Sotrovimab in Alberta Remote and Isolated First Nation Communities**

**Overview**

Sotrovimab is an antiviral/monoclonal antibody, developed by GlaxoSmithKline Inc., that received Health Canada emergency use authorization in July 2021 for the treatment of mild to moderate coronavirus disease 2019 (COVID-19). It has been shown to be most effective when administered before the virus has progressed beyond a mild to moderate infection, therefore, individuals who have COVID-like symptoms are being advised to get tested as early as possible (once signs/symptoms develop) to allow sufficient time to determine potential eligibility for Sotrovimab treatment.

**Indications**

“Sotrovimab is indicated for the treatment of mild to moderate coronavirus disease 2019 (COVID-19), confirmed by direct SARS-CoV-2 viral testing, in adults and adolescents (18 years of age and older weighing at least 40 kg) who are at high risk for progressing to hospitalization and/or death” (Sotrovimab Product Monograph, 2021, p. 1).

Please refer to Appendix C for the Sotrovimab screening document that is to be completed by every client receiving a GenXpert rapid test in the nursing station/health centre.

**Setting-specific Principles for Administration:**

 Sotrovimab infusion may be delivered in a range of settings, depending on local requirement. Choice of setting should consider storage and transport of the medication in respect to cold chain, preparation of the infusion and administration and disposal. As much as possible, it should avoid putting additional pressure on acute care services and delivering urgent and emergent care.

 Sotrovimab infusion should be completed where the safety of clients and providers can be maintained. This includes the requirements to observe the client receiving the infusion over 60 minutes and 60 minutes post-infusion monitoring.

 The dosage of Sotrovimab for the treatment of mild-to-moderate COVID-19 in adults and pediatric clients (18 years of age and older weighing at least 40 kg) is a single IV infusion of 500 mg. Sotrovimab should be given as soon as possible after positive results of direct SARS-CoV-2 viral testing and within 10 days of symptom onset. Sotrovimab must be diluted and administered as a single intravenous infusion over 60 minutes.

 Sotrovimab may only be administered in settings in which healthcare providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis, and the ability to activate the emergency medical system (EMS), as necessary.

 Regional public health protocols should be employed in situations involving a community outbreak.

**Consent**

In all cases, patients must complete the [*Consent to Treatment Plan or Procedure*](https://www.albertahealthservices.ca/frm-09741.pdf)[(09741 [Rev 2913-10])](https://www.albertahealthservices.ca/frm-09741.pdf)  (**Appendix B**) consent form (completed by the referring physician or nurse practitioner and the patient) and provide informed consent prior to treatment.

**Objective Three: List the limitations, contraindications, and adverse reactions/side effects, and monitoring requirements for Sotrovimab**

**Limitations**

Sotrovimab is not currently approved for patients who:

* 1. Are hospitalized due to COVID-19;
  2. Require oxygen therapy due to COVID-19; or
  3. Require an increase in baseline oxygen flow rate due to underlying non-COVID- 19 related comorbidity.

**Contraindications**

Sotrovimab is contraindicated in those who are known to be hypersensitive to

1. Monoclonal antibodies; or the
2. Infusion ingredients (see Objective 4 for non-medicinal ingredients).

**Adverse Reactions/Side Effects**

|  |  |
| --- | --- |
| **System** | **Signs/Symptoms** |
| Dermatologic | Pruritus, skin rash |
| Gastrointestinal | Diarrhea |
| Hypersensitivity | Anaphylaxis (<1%), hypersensitivity reaction |
| Nervous system | Chills, dizziness |
| Miscellaneous | Fever, infusion related reaction (including severe infusion related reaction) |
| Infusion-related reactions (IRR) | Fever, difficulty breathing, reduced oxygen saturation, chills, fatigue, arrhythmia [e.g., atrial fibrillation, sinus tachycardia, bradycardia], chest pain or discomfort, weakness, altered mental status, nausea, headache, bronchospasm, hypotension, hypertension, angioedema, throat irritation, rash including urticaria, pruritus, myalgia, vasovagal reactions [e.g.,  presyncope, syncope], dizziness, diaphoresis) |

**Adverse Reactions/Side Effects by Frequency**

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| --- | --- |
| **Frequency** | **Signs/Symptoms** |
| Less frequent (1 to 10%) | * Rash, diarrhea. * Infusion-related reactions including fever, dyspnea, chills, bronchospasm, rash, pruritus, and dizziness. |
| Rare (less than 1%): | * Nausea, headache, and dyspnea. * Anaphylaxis. |

**Sotrovimab Assessment/Vital Signs Criteria**

HCP must obtain a medical history and perform a physical assessment. The *Sotrovimab AHS Parenteral Monograph* (Appendix A) indicates that HCPs are required to ‘Assess for hypersensitivity/infusion reactions during [the] infusion and monitor for at least 1 hour after [the] infusion is complete’ (see the Clinical Implications Section).

Then patient’s vitals must be obtained as follows:

1. Obtain one (1) set prior to (but within 15 minutes of) the start of the Sotrovimab infusion.
2. Obtain one (1) set every 15 minutes thereafter (both during the infusion and while monitoring the patient post infusion).
3. Vital signs must be obtained within 15 minutes after starting the infusion and 15 minutes after the start of the monitoring period.

A **full set of vitals**, for the purposes of Sotrovimab administration, is defined as Glasgow Coma Scale (GCS), heart rate (HR), blood pressure (both systolic and diastolic values), respiratory rate (RR), SpO2, and temperature.

If signs or symptoms of a clinically significant hypersensitivity reaction or anaphylaxis occur during the infusion, **immediately discontinue administration,** and initiate appropriate medications and/or supportive care.

Based on its clinical properties, Sotrovimab is not expected to cause local irritation; it is recommended that HCPs contact the authorized prescriber in the event of a “slow-down” or “pause” in the administration of Sotrovimab for reasons other than infusion related reactions (IRRs) or other drug-related adverse events. The infusion may resume based on the medical judgement of the authorized prescriber, keeping in mind that diluted solutions of Sotrovimab may be stored at room temperature up to 6 hours.

**Reporting Side Effects**

Side effects/adverse reactions, or suspected side effects/adverse reactions, must be reported to the authorized prescriber. These can be reported to Health Canada by:

* Visiting the Web page on [Side Effect Reporting - Drug Health Product Register (hres.ca)](https://hpr-rps.hres.ca/side-effects-reporting-form.php?form=hospital&lang=en) for information on how to report online, by mail or by fax;
* Calling toll-free at 1-866-234-2345.

**Incident Reporting**

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| --- | --- |
| **Professional Practice** | |
| Icon  Description automatically generated | * **Side effects/adverse reactions must be documented in the patient’s health care record as required by FNIHB medication administration documentation standards (document/policy can be found on Onehealth).** |

In the event there is a serious adverse drug reaction or other complication related to patient safety during the administration of Sotrovimab, HCPs are to submit an Incident Report (Appendix C) and contact the Medical Officer of Health (MOH) on call at

(780) 218-9929.

**Objective Four: Recognize the considerations, limitations of authorized use, indications for applying guidance, route of administration, supply, dosage, composition, and storage/packaging requirements for Sotrovimab**

**Considerations:**

* Consultation with a physician or nurse practitioner is required, prior to the initiation of treatment;
* This document is not intended to replace clinical judgement or existing regional and/or provincial guidance but to support and complement them;
* This document is for use during the COVID-19 pandemic only;
* Consult with additional health care providers as needed;

**Limitations of Authorized Use:**

* Sotrovimab in community settings is not authorized for use in clients:
* Who require oxygen therapy due to COVID-19, OR
* Who require an increase in baseline oxygen flow rate due to COVID-19 (in those on chronic oxygen therapy due to underlying non-COVID-19 related comorbidity).
* Pregnancy:
  + Administration during pregnancy will be determined by the assessment and on the recommendation of the nurse practitioner.
* Lactation:
* There is insufficient data on the presence of Sotrovimab in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breast-feeding should be considered along with the mother’s clinical need for Sotrovimab and any potential adverse effects on the breastfed child from Sotrovimab or from the underlying maternal condition. Individuals with COVID-19 who are breastfeeding should follow practices according to clinical guidelines to avoid exposing the infant to COVID-19.

**Indication for applying this guidance:**

Sotrovimab may be considered for the treatment of mild to moderate coronavirus disease 2019 (COVID-19), in adults (18 years of age and older weighing at least 40 kg) with a current diagnosis of COVID-19:

* Sotrovimab should be given as soon as possible after positive results of direct SARS-CoV-2 viral testing and within 10 days of symptom onset.
* Who do not require oxygen and
* Any client who meets at least one of the criteria. (See Appendix A- Eligibility Criteria for Treatment)

Clinical judgement should be used when assessing the severity of specific risk factors.

**CONFIRMING ELIGIBILITY**

1. Discuss with RN/ACP eligibility for Sotrovimab (ISC Screening Tool should have been filled out when the COVID test was done)
   1. Sotrovimab is indicated for the following patients (MUST Meet ALL these criteria):
      1. **mild to moderate** symptoms ( i.e. **no** SOB/**do not** require hospitalization/who **do not** require oxygen (or who require an increase in baseline oxygen)
      2. are within **5 days** of symptom onset
      3. have a **positive PCR** test (not rapid antigen)
      4. who are at risk for severe outcomes (see list in table below)

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| **NOT VACCINATED** | **VACCINATED** |
| 55 yrs. or older regardless of health condition   * (50-54 yrs. old as per national guidance document. Will not be eligible to receive treatment under the AHS administration)   18 yrs. or older with a pre-existing health condition   * (12 to 17 yrs. old with consult to MOH and Pediatric ID as per national guidance document. Will not be eligible to receive treatment under the AHS administration) * diabetes (taking medication) * obesity BMI >30 * Chronic Kidney Disease (GFR less than 60 mL per minutes) * CHF (New York II, III, IV) * COPD * moderate/severe asthma * Pregnancy (consult OB/RAAPID and refer to High Level for infusion) * Immunocompromised (See list in vaccinated column) | * Immunocompromised including   + transplant patients (solid organ or stem cell) * Oncology patients that have received a dose of any IV or oral chemotherapy or other immunosuppressive treatment since December 2020. * Patients with inflammatory conditions (e.g. rheumatoid arthritis, lupus, inflammatory bowel disease) who have received a dose of any systemic immunosuppressive treatment (such as rituximab or ocrelizumab or any other biologic treatment) since December 2020. * High dose steroids (≥ 2 mg/kg/day or 20 mg/day if weight > 10 kg, for ≥ 14 days) * Other biologics: Abatacept, Belimumab (as per ACR recommendations) * JAKs inhibitors: Tofacitinib, Upadacitinib, Baricitinib * Immunosuppressive/immune-modulator treatments: mycophenolate, cyclophosphamide, azathioprine, cyclosporine, tacrolimus, IVIG, Methotrexate, leflunomide, sulfasalazine, apremilas |

**Presentation and Storage:**

**Storage Prior to Dilution**

* Store unopened vials refrigerated at 2°C to 8°C in original carton. Do not freeze or shake. Protect from light.

**Storage after Dilution**

* The solution of Sotrovimab in the vial is preservative-free and requires dilution prior to administration.
* The diluted solution of Sotrovimab should be administered immediately. If immediate administration is not possible, store the diluted infusion solution for up to 24 hours at refrigerated temperature (2°C to 8°C) or up to 6 hours at room temperature (20°C to 25°C) including transportation and infusion time. If refrigerated, allow the infusion solution to equilibrate to room temperature for approximately 15 minutes prior to administration.
* Sotrovimab is preservative-free. Discard unused portion.

**Dose: Sotrovimab 500mg/8mL (62.5mg/mL)**

**Sotrovimab requires 1 single-dose vial, 1 infusion bag, 60 minutes of infusion time, and 60 minutes of post-infusion observation.**

No dose adjustments is required in clients with renal impairment. The effects of hepatic impairment on the pharmacokinetics (PK) of Sotrovimab have not been evaluated. It is unknown whether hepatic impairment affects the PK of Sotrovimab.

For more information, refer to the Health Canada Product Monograph for Sotrovimab (Appendix J).

**Objective Five: Outline the procedure (and the equipment/supplies required) for diluting and administering Sotrovimab**

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| **Reconstitution/Dilution Steps:** |
| **No reconstitution** is required for sotrovimab. A diluted infusion solution must be prepared using aseptic technique.   |  |  | | --- | --- | | **Patient Safety Alert** | | | Icon  Description automatically generated | * **Do not administer Sotrovimab as an IV push or bolus.** * **The prepared infusion solution should not be administered simultaneously with any other medication.** |   **Instructions for Dilution**   1. Perform hand-hygiene (where required as per the four hand hygiene moments). Wear a mask and gloves when preparing the infusion to minimize exposure. 2. Gather the materials for preparation.    * Polyvinyl chloride (PVC) or polyolefin (PO), sterile prefilled 100 mL infusion bag containing 0.9% sodium chloride.    * 10 mL syringe.    * Blunt (unfiltered) needle.    * One (1) vial of sotrovimab (500 mg/8 mL). 3. Remove one vial of sotrovimab from refrigerated storage and allow to equilibrate to room temperature, protected from light, for at least 15 minutes. It is recommended that the name and the batch number of the administered product be clearly recorded in order to improve traceability. 4. Visually inspect the vial to ensure it is free from particulate matter and that there is no visible damage to the vial. Should either be observed, the solution must be discarded, and fresh solution prepared.   **Note: Sotrovimab is a clear, colorless or yellow to brown solution – do not confuse this discoloration with an unsafe solution.**   1. Gently swirl the vial several times before use without creating air bubbles. Do not shake or vigorously agitate the vial.  |  |  | | --- | --- | | **Safe Practice Note** | | | Icon  Description automatically generated | * **Gently rock the infusion bag 3 to 5 times** * **Do not invert the infusion bag** * **Avoid forming air bubbles** |  1. Withdraw 8 mL from an infusion bag containing 100 mL of sodium chloride 9 mg/mL (0.9%) solution for injection or 5% dextrose for injection. 2. Withdraw 8 mL from the vial of Sotrovimab. 3. Inject the 8 mL of Sotrovimab into the infusion bag via the septum. 4. Discard any unused portion left in the vial, as the product contains no preservative. The vial is single use only and should only be used for one client. 5. Prior to the infusion, gently rock the infusion bag back and forth 3 to 5 times. Do not invert the infusion bag. Avoid forming air bubbles. 6. This product contains no preservative; and therefore, the diluted infusion solution should be administered immediately. If immediate administration is not possible, store the diluted solution of Sotrovimab up to 6 hours at room temperature (up to 25°C) or refrigerated up to 24 hours (2°C to 8°C)  |  |  | | --- | --- | | **Safe Practice Note** | | | Icon  Description automatically generated | * **The diluted solution of Sotrovimab can be stored for up to 6 hours at room temperature (up to 25°C) or refrigerated up to 24 hours (2°C to 8°C)** * **The above times include transportation and infusion time** |  1. **Preferably use immediately after dilution. If this is not possible, the diluted solution may be stored at room temperature for up to 6 hours (include infusion time) or stored in the refrigerator for up to 24 hours (include infusion time).** 2. Personnel and equipment to manage anaphylaxis must be present during infusion and for at least 60 minutes post-infusion. |
| **Sotrovimab requires 1 single-dose vial, 1 infusion bag, 60 minutes of infusion time, and 60 minutes of post-infusion observation** |

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| **Administration Steps:** |
| 1. Gather the recommended materials for infusion:   * Polyvinyl chloride (PVC) or polyolefin (PO) infusion set; * A 0.2 micron polyethersulfone (PES) filter is recommended.   2. Attach the infusion set to the IV bag using standard bore tubing.  3. Prime the infusion set.  4. Administer as an IV infusion over 60 minutes at room temperature. Do not administer as an IV push or bolus.  5. The prepared infusion solution should not be administered simultaneously with any other medication. The compatibility of Sotrovimab with IV solutions and medications other than 0.9% sodium chloride solution and 5% dextrose for injection is not known.  6. Administer the entire infusion solution, at a rate of 100 mL/hr, in the bag via pump or gravity through an intravenous line containing a sterile, in-line or add-on 0.2-micron polyethersulfone (PES) filter. Due to potential overfill of prefilled bags, the entire infusion solution in the bag should be administered to avoid under dosage.  7. The infusion rate should be slowed or stopped if the client develops an infusion reaction, and appropriate supportive care provided.  8. The client should be clinically monitored during drug administration and for 60 minutes after infusion of Sotrovimab is completed in case of hypersensitivity reactions or anaphylaxis. |

* + - **Do not administer as an IV push or bolus.**
    - **The prepared infusion solution should not be administered simultaneously with any other medication.**

**Objective Six: Identify the requirements for follow-up care and patient and family teaching following the administration of Sotrovimab**

Patient and family education is an important part of the healthcare experience and needs to be adapted to the circumstances of patients, especially their health literacy. Health literacy refers to the capacity of a person to access, understand and apply health information in order to make suitable health decisions. Given this complexity, it can be challenging even in highly academic individuals to identify and appreciate health information and apply it to their own care plan or that of their loved ones. It is important to ensure that patients have the resources they need to manage their healthcare needs, as lower levels of health literacy are often related to increased hospitalizations, increased use of emergency rooms and decreased use of preventive care.

Successful communication requires effort from two people. Those who create the health care information must understand how patients will interpret and use this information. The patients’ literacy level, education, age and language skills must be considered for the materials provided. Research has shown that medical materials should be geared to between sixth- and eighth grade reading levels and absent of medical terminology or jargon.

Patient and family teaching will be captured in your patient care documentation. Start with each education topic followed by **Learners**, **Readiness**, **Method** and **Response**:

* **Learners** - Who received the education?
* **Readiness** - Was the learner ready; not ready; or did they decline?
* **Method** - Details of the education provided.
* **Response** – ‘Teach Back Method’, how did you assure understanding?

|  |  |
| --- | --- |
| * Verbal understanding * Demonstrated understanding * Declined Teaching | * Follow-up required * Has questions |

When using the teach-back method, ask the patient (or caregiver) to explain, using his or her own words:

* + The diagnosis or problem for which they need care;
  + The name (and nature) of the treatment, procedure, or service being provided and what it will entail;
  + The risks, benefits, alternatives of the treatment, procedure, or service being provided.

Following the administration of Sotrovimab, provide the patient with a printed copy of the *Sotrovimab (Monoclonal Antibody) Patient Information Sheet (Appendix G)* or a copy of the FAQs for Patients/Public (Appendix F) document. Review the common post infusion signs and symptoms with the patient (or caregiver) and answer any questions they may have.

Instruct the patient to contact the Nursing Station if they have general questions or concerns. Instruct them to call the Nursing Station immediately if they experience symptoms such as:

* + Difficulty breathing.
  + Chest pain or discomfort.
  + Presyncope/syncope.
  + Altered mental status.

**Monitoring and Post-infusion Care for administration of Sotrovimab with mild and moderate COVID-19 by health care professionals**

Document initial assessment (See Appendix I: Client Care Notes)

Client is stable

Advise client to:

* Follow community or regional self-isolating procedures.
* Monitor symptom improvement.
* Seek medical attention if symptoms worsen.
* NP will complete follow-up monitoring as per Appendix K.

Document post infusion observations. (See Appendix I)

All adverse events should be reports to Health Canada and the MOH on call (780-218-9929):

* Visiting the Web page on Adverse Reaction Reporting (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html>) for information on how to report online, by mail or by fax; or
* Calling toll-free at 1-866-234-2345.

If client has deteriorated since initial assessment for Sotrovimab (500 mg/8 mL) injection:

Do **not** proceed and escalate care.

Transfer of care must include plan for escalation if client deteriorates

Post infusion Care

Monitor for 60 minutes after treatment

Document assessment during treatment every 15 minutes (See Appendix I)

Monitor for 60 minutes during treatment

**Objective Seven: Outline the documentation expectations for the administration of Sotrovimab**

**Document Orders and Drug Administration**

Ensure the copy of the order is on the patient’s health care record and document the administration of Sotrovimab the same way you would for all other medication administrations, as per local practice (using appendix I). Ensure the documentation is inclusive of: date, time, medication that was administered, the correct route, dose, unit, and the strength/concentration, etc., as usual.