ORDER SET
Confirmed or Suspected COVID–19 Patient
Intensive Care Unit Admission Orders – ADULT (Version 1. 2020April2)
– Use in conjunction with ICU Admission order set

Patient: __________________________ Allergies: __________________________

Items preceded by a bullet (•) are active orders. Items preceded by a checkbox (☑) are only to be carried out if checked.

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Frailty screen (see page 4) for age greater than 65 years to inform discussion related to prognosis and goals of care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Frailty Score: 1–3 (fit / well) ☐ 4–5 (vulnerable / mild) ☐ 6 (moderate) ☐ 7–9 (severe / terminal)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Comfort care only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ward based care only – no ICU level care, intubation or CPR</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ICU level care only – no intubation or CPR</td>
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<tr>
<td></td>
<td></td>
<td>• ICU level care with intubation – no CPR in case of cardiac arrest</td>
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<tr>
<td></td>
<td></td>
<td>• FULL CODE including ICU level care, intubation and CPR</td>
</tr>
</tbody>
</table>

Infection Control:
Prescriber Instructions
• Contact Infection Prevention and Control, if not already notified

☑ Suspected OR ☐ Confirmed COVID–19 patient requiring:
• Droplet and contact precautions (Private Room)
• Airborne, droplet and contact precautions (Negative Pressure Room)

• Airborne, droplet and contact precautions required for aerosol generating medical procedures (AGMP) on suspected / confirmed COVID–19 patients. These include: intubation, extubation, nebulization, bronchoscopy, non–invasive positive pressure ventilation (NIPPV / BiPAP), tracheostomy, CPR, and high flow nasal oxygen / cannulae (HFNO / C) use.

• Initiate airborne precautions in addition to droplet and contact precautions in the event of respiratory deterioration or if patient has a tracheostomy.

Transfer / Transport:
• Limit COVID–19 patient transport. Make efforts to ensure initial admission to the appropriate location.
• If patient must leave their isolation room (e.g. radiology), they must wear a surgical face mask, if capable.

Personal Protective Equipment (PPE) if patient transport necessary:
• Non–intubated patient – Transfer wearing a surgical mask over their oxygen delivery device which may include nasal prongs or a non–rebreather mask up to 15 L/min.
• Intubated patient – Should have closed circuits with a viral filter in situ.
• Staff – Wear airborne PPE
• Limit ICU patient transport outside of the unit.

Prescriber’s Signature: __________________________ Date (YYYY/MON/DD): ______________ Time: __________
Prescriber’s Name: __________________________ Reg. No.: __________________________
 Print
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<tbody>
<tr>
<td>Safety Standards to be maintained / coordinated if patient transport necessary:</td>
</tr>
<tr>
<td>• Clear hallways, where possible. Only essential staff should accompany the patient.</td>
</tr>
<tr>
<td>• Staff not involved in transfer should not come within 2 metres (6 feet) of the patient.</td>
</tr>
<tr>
<td>☐ Provide education on the need to remove patient’s facial hair to enable facemask seal, in the event of respiratory decompensation.</td>
</tr>
<tr>
<td>• Do not remove precautions without Infection Prevention and Control (IPAC) consultation.</td>
</tr>
</tbody>
</table>

Management:
Consultation
• Consult Infectious Diseases for assessment and follow–up.

Medication:
Empiric Influenza A / B Treatment (pending nasopharyngeal (NP) swab results)
  ☐ Oseltamivir 75 mg po/ng bid x 5 days (adjust dose if CrCl less 60 mL/min). Stop if Influenza A / B negative (See Spectrum app for dosing)
• Assess for sepsis or secondary bacterial infection. Initiate empiric antibiotics per Sepsis / Septic Shock Initial Management order set (Form ID: NS_OSSSSIM) as required.
• Discontinue all NSAIDs (e.g. ibuprofen, naproxen). Exception: continue low dose daily ASA.
• Assess patient medications for ACEi / ARB / ARNi. If patient is NOT taking for heart failure, is hypotensive, has hyperkalemia AND / OR acute kidney injury (AKI), discontinue ACEi / ARB / ARNi.

Supportive Care and Ventilation:
• See ICU Admission Orders (Form ID: NS_OSICUAO) for IV fluids, vasoactive medications and other treatments (e.g. VTE prophylaxis). See medication reconciliation.
☐ See Intensive / Coronary Care Unit Ventilation Orders (Form ID: NS_OSICUVO)
OR
☐ See Acute Respiratory Distress Syndrome (ARDS) Protocol with Low Tidal Volume Ventilation Orders (Form ID: NS_OSICUARDS)
 • COVID–19 patients with ARDS will be considered for early (within 48 h) proning.

NOTE: In the absence of shock or evidence of poor tissue perfusion, a conservative fluid management strategy is recommended.
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<tr>
<td><strong>Investigations:</strong></td>
</tr>
<tr>
<td><strong>Lab Specimen Care Orders</strong></td>
</tr>
<tr>
<td>• Label ALL bags as “COVID–19”</td>
</tr>
<tr>
<td>• <strong>Double bag</strong> ALL specimens from suspected or confirmed COVID–19 patients</td>
</tr>
<tr>
<td>• Place microbiology specimens in separate double bags from ALL other lab samples.</td>
</tr>
<tr>
<td>☑ COVID–19 virus detection – NP swab, if not already performed.</td>
</tr>
</tbody>
</table>

**On admission to ICU (if not already done within last 12 h):**

- Discontinue lab investigations on ICU Admission Orders and complete tests listed below:
  - CBC (profile, auto diff), once (if hemoglobin (Hb) greater than 100 g/L, platelet count greater than 100 x 10^9/L and patient is not bleeding, do not repeat for 24 h)
  - Electrolytes (Na, K), CO₂, Chloride once (If normal, do not repeat for 24 h)
  - Creatinine once (If normal, do not repeat for 24 h)
  - Liver Function Panel (AST, ALT, ALP, total bilirubin, albumin) once (If normal and no episodes of hypotension, do not repeat for 24 h)
  - Troponin once (If troponin T less than 14 ng/L, troponin I less than 0.1 mcg/L and no change in clinical status, do not repeat)
  - Lactate once (If normal, and no episodes of hypotension / signs of organ dysfunction, do not repeat for 24 h)
  - Arterial blood gases (ABG) once, repeat as indicated
  - Venous blood gases (VBG) (can be done if arterial line not in situ) once, repeat as indicated
  - HIV, Hepatitis C (diagnosis), beta HCG (women of childbearing potential)

**Potentially Prognostic Lab Investigations** (if not already done within the last 12 h):

- If results normal and no acute clinical deterioration, do not repeat.
- Repeat upon clinical deterioration / as clinically indicated:
  - □ INR, PTT  □ Fibrinogen  □ D–Dimer
  - □ LDH  □ C–Reactive Protein  □ Ferritin
  - **Routine repeat blood work NOT recommended.** Reassess need for repeat lab investigations if clinically indicated based on the patient’s clinical status.
- **AVOID unnecessary lab investigations to minimize risk of exposure to lab personnel.**
- **AVOID stool sample testing, if possible.**

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Clinical Frailty Scale *

1. Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2. Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3. Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4. Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and / or being tired during the day.

5. Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6. Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems either stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7. Severely Frail – Competely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8. Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy less than 6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of fraility corresponds to the degree of dementia.

Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question / story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.

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