



YR00125604 DOB: Jan/1/1971 AGE: 044Y M
 TESTEFR,TEST
 123 STREET P O BOX 123
 NEW GLASGOW, NS B2H 5C7
 Pt. Home Phone: (902)999-9999 UPHI:
 FIN CLASS: DOH INS.#: EXPIRY:
 FD: TEST, DOCTOR 3 BNCWJDBVCJK MDNN
 AD: TEST, NON-DOCTOR
 REG: Jan/8/2015 AJ0000175/14

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.

Height: _____ Weight: _____	ACTION
<p>Goals of Care:</p> <ul style="list-style-type: none"> • Frailty screen (see page 4) for age greater than 65 years to inform discussion related to prognosis and goals of care. <p>Clinical Frailty Score: ☐ 1–3 (fit / well) ☐ 4–5 (vulnerable / mild) ☐ 6 (moderate) ☐ 7–9 (severe / terminal)</p> <p>☐ Comfort care only ☐ Ward based care only – no ICU level care, intubation or CPR ☐ ICU level care only – no intubation or CPR ☐ ICU level care with intubation – no CPR in case of cardiac arrest ☐ FULL CODE including ICU level care, intubation and CPR</p> <hr/> <p>Infection Control: Prescriber Instructions</p> <ul style="list-style-type: none"> • Contact Infection Prevention and Control, if not already notified <p>☐ Suspected OR ☐ Confirmed COVID-19 patient requiring:</p> <ul style="list-style-type: none"> ☐ Droplet and contact precautions (Private Room) ☐ Airborne, droplet and contact precautions (Negative Pressure Room) <ul style="list-style-type: none"> • 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. <p>Transfer / Transport:</p> <ul style="list-style-type: none"> • 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. <p>Personal Protective Equipment (PPE) if patient transport necessary:</p> <ul style="list-style-type: none"> • 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: _____ Print _____ Reg. No.: _____

Print



Physician Orders
 Page 1 of 4 REV 2020/APR



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NSOSCOVIDI

ORDER SET
Confirmed or Suspected COVID-19 Patient
Intensive Care Unit Admission Orders – ADULT (Version 1. 2020April2)

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Patient: _____ Allergies: _____
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	ACTION
<p>Safety Standards to be maintained / coordinated if patient transport necessary:</p> <ul style="list-style-type: none"> • Clear hallways, where possible. Only essential staff should accompany the patient. • Staff not involved in transfer should not come within 2 metres (6 feet) of the patient. ☐ Provide education on the need to remove patient’s facial hair to enable facemask seal, in the event of respiratory decompensation. • Do not remove precautions without Infection Prevention and Control (IPAC) consultation. <hr/> <p>Management: Consultation</p> <ul style="list-style-type: none"> • Consult Infectious Diseases for assessment and follow-up. <p>Medication: Empiric Influenza A / B Treatment (pending nasopharyngeal (NP) swab results)</p> <ul style="list-style-type: none"> ☐ 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_OSSSIM) 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. <p>Supportive Care and Ventilation:</p> <ul style="list-style-type: none"> • 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 Ventiation Orders (Form ID: NS_OSICUVO) <p>OR</p> <ul style="list-style-type: none"> ☐ 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. <p>NOTE: In the absence of shock or evidence of poor tissue perfusion, a conservative fluid management strategy is recommended.</p>	

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	ACTION
<p>Investigations:</p> <p>Lab Specimen Care Orders</p> <ul style="list-style-type: none"> • Label ALL bags as "COVID-19" • Double bag ALL specimens from suspected or confirmed COVID-19 patients • Place microbiology specimens in separate double bags from ALL other lab samples. ☐ COVID-19 virus detection – NP swab, if not already performed. <p>On admission to ICU (if not already done within last 12 h):</p> <ul style="list-style-type: none"> • 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 10⁹/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) <p>Potentially Prognostic Lab Investigations (if not already done within the last 12 h):</p> <ul style="list-style-type: none"> • If results normal and no acute clinical deterioration, do not repeat. • Repeat upon clinical deterioration / as clinically indicated: <ul style="list-style-type: none"> ☐ 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** – **Completely 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 frailty 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.

1. *Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

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