

**Regional Order Set**

**COVID-19 Adult Admission Orders (non-ICU)**

For confirmed or suspected COVID-19 cases

**Allergies:**  None known  Unable to obtain

List with reactions: \_\_\_\_\_

Refer to most recent "Clinical Guidelines for Patients with Respiratory Failure, Confirmed or Suspected COVID-19" on OurNH for additional guidance

*Note - Prescriber must obtain, complete and sign referenced orders sets separately*

Admit under care of: \_\_\_\_\_ Code status: \_\_\_\_\_

Admitting diagnosis: \_\_\_\_\_ MOST form completed  Yes  No

**Monitoring**

MRP to contact NH Regional Triage Intensivist for general consultation, ICU admission consideration or intubation recommendations. If located outside UHNBC, call UHNBC switchboard at 250-565-2000. If patient requires ICU admission, refer to **10-800-5001 Intensive Care Admission Orders (For COVID-19 ONLY)**.

**Notify MRP:**

- Hypotension (symptomatic or SBP less than 90 mmHg or DBP less than 60 mmHg)
- Requiring FiO<sub>2</sub> of greater than 0.4 OR oxygen greater than 6 L/min to maintain SpO<sub>2</sub> above 92%
- Frequent desaturations less than 92% despite oxygen therapy (unless underlying lung disease e.g. COPD)
- Significant increase in work of breathing, patient is tiring, or has a decrease in level of consciousness

**Activity:**  As tolerated  Bathroom privileges  Bed rest  Other: \_\_\_\_\_

**Diet:** \_\_\_\_\_

**Vitals**

- Vitals (HR, BP, RR, Temp) q \_\_\_\_\_ h
- Target SpO<sub>2</sub>:  Equal to or greater than 90%  88 to 92% (chronic lung disease)  Other: \_\_\_\_\_
- SpO<sub>2</sub> Monitoring:  continuous  q1h  q2h  q4h  other: \_\_\_\_\_

**IV Fluids**

IV \_\_\_\_\_ at \_\_\_\_\_ mL/h  Reassess in \_\_\_\_\_ hours  NS lock

*Note: Practice fluid restriction where possible to avoid fluid accumulation and preserve lung function.*

**Laboratory Investigations (order if not done)**

*On Admission:*

- CBC  E7 (sodium, potassium, CO<sub>2</sub>, chloride, creatinine, urea, glucose)  CK  Troponin  BNP  Ferritin
- AST, ALT, BILI, Alk Phos, GGT  INR/PTT  Lactate  CRP  BHCG (urine or serum)
- Other: \_\_\_\_\_

*Then repeat following bloodwork every/on*  Mon/Wed/Fri  Daily  Other: \_\_\_\_\_

CBC  E7 (sodium, potassium, CO<sub>2</sub>, chloride, creatinine, urea, glucose)  Other: \_\_\_\_\_

**Microbiology (if not already sent, collect prior to first antimicrobial dose)**

- Collect and send 1 nasopharyngeal swab for COVID-19 and Influenza
- Blood cultures X 2  Urine culture  Sputum culture  Other culture (specify): \_\_\_\_\_

**Diagnostic Investigations (if not already done)**

Chest x-ray, portable x 1  ECG x 1

**Physician signature:** \_\_\_\_\_ **College ID:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_



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Page 2 of 2 PATIENT LABEL

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List with reactions: \_\_\_\_\_

**Medications**

Refer to most recent "NH Therapeutic Guidance for Adult Patients with Suspected or Confirmed COVID-19" on OurNH website for **further information** on NSAID use, steroid use, and investigational treatments (e.g. **lopinavir/ritonavir, hydroxychloroquine, remdesivir**) in COVID-19 patients

**Analgesics and Antipyretics** **acetaminophen** 650 mg PO/PR q6h (max 4 grams/24 hours from all sources) **acetaminophen** 650 mg PO/PR q6h PRN pain/fever (max 4 grams/24 hours from all sources)

*Note: acetaminophen is currently the preferred agent. NSAIDs should be used with caution; however, patients taking NSAIDs on a chronic basis (e.g. ASA 81 mg) should not stop.*

**Bronchodilators** *Note: Inhaler supply is limited. Ensure therapy is clinically indicated for underlying disease (e.g. COPD/asthma)* **ipratropium** 20 mcg/puff MDI with spacer inhale 2 puffs q4h and q1h PRN wheezing/dyspnea **salbutamol** 100 mcg/puff MDI with spacer inhale 2 puffs q4h and q1h PRN wheezing/dyspnea**Corticosteroids**

Avoid unless other indications present (e.g. asthma/COPD).

 \_\_\_\_\_**Influenza A/B Treatment:** Only order **oseltamivir** if influenza A/B results pending. Discontinue if influenza negative. CrCl greater than 60 mL/min **oseltamivir** 75 mg PO BID x 5 days CrCl 31 to 60 mL/min **oseltamivir** 30 mg PO BID x 5 days CrCl 10 to 30 mL/min **oseltamivir** 30 mg PO DAILY x 5 days Hemodialysis: **oseltamivir** 75 mg PO after each dialysis session X 5 days (max 3 doses) Continuous Ambulatory Peritoneal Dialysis: **oseltamivir** 30 mg PO X 1 dose**Empiric Community Acquired Pneumonia** (if clinically indicated). Re-assess in 48 to 72 hours. **cefTRIAxone** 2 g IV q24h x 5 days

PLUS one of following:

 **doxycycline** 100 mg PO BID x 5 days**OR** **azithromycin** 500 mg PO DAILY x 3 days**For severe beta-lactam (penicillin/cephalosporin) allergy (e.g. anaphylaxis)** **moxifloxacin** 400 mg PO DAILY x 5 days**VTE Prophylaxis** *Note: These VTE orders supersede the NH regional order set for VTE prophylaxis.* CrCl 30 mL/min or above **enoxaparin** 30 mg subcutaneous q12h CrCl less than 30 mL/min **enoxaparin** 30 mg subcutaneous q24h**Bowel Care**

- Refer to **10-111-5201-001** Adult Bowel Care Orders - Patient NOT Taking Scheduled Opioid
- Refer to **10-111-5201-002** Adult Bowel Care Orders - Patient Taking Scheduled Opioid

Physician signature: \_\_\_\_\_ College ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_