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 FiO₂ of greater than 0.4 OR oxygen greater than 6 L/min to maintain SpO₂ 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 SpO₂: □ Equal to or greater than 90% □ 88 to 92% (chronic lung disease) □ Other: __________
- SpO₂ Monitoring: □ continuous □ q1h □ q2h □ q4h □ other: __________

**IV Fluids**
- IV __________________ at ___________ mL/h □ Reassess in ____________ hours □ NS lock

**Laboratory Investigations (order if not done)**
**On Admission:**
- CBC □ E7 (sodium, potassium, CO₂, 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, CO₂, 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: ________

10-800-5003 (IND - RDP/COS - Rev. - 04/20) Review by December 31, 2023

~ Do NOT photocopy or alter electronically. Print new copies directly from OurNH Order Set Site ~
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: ____________________________________________________________

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 inhaler 2 puffs q4h and q1h PRN wheezing/dyspnea
☐ salbutamol 100 mcg/puff MDI with spacer inhaler 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
   ☐ azithromycin 500 mg PO DAILY x 3 days
   OR
   ☐ moxifloxacin 400 mg PO DAILY x 5 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:__________