COVID-19 STANDING ORDERS

CLINICAL ASSESSMENT TOOLS

<table>
<thead>
<tr>
<th>SEVERITY</th>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
<th>LIFE THREATENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYMPTOMS</td>
<td>Dyspnea with activity</td>
<td>Dyspnea limiting physical activity, dyspnea with speech</td>
<td>Dyspnea at rest, few word sentences</td>
<td>Tripoding, unable to speak</td>
</tr>
<tr>
<td>PHYSICAL EXAM</td>
<td>No accessory muscle use</td>
<td>Accessory muscle use</td>
<td>Accessory muscle use, agitation</td>
<td>Agitated, confusion, paradoxical thoracoabdominal movement</td>
</tr>
<tr>
<td>HEART RATE</td>
<td>Less than 100bpm</td>
<td>100-120</td>
<td>Greater than 120 bpm</td>
<td>Greater than 120bpm or less than 50 bpm</td>
</tr>
<tr>
<td>O2 SAT ON RA</td>
<td>Greater than 95%</td>
<td>90-95%</td>
<td>Less than 92%</td>
<td>Less than 90%</td>
</tr>
<tr>
<td>RESP RATE</td>
<td>12-25 breaths per minute</td>
<td>20-40</td>
<td>Greater than 30</td>
<td>Less than 10, greater than 40</td>
</tr>
<tr>
<td>BLOOD PRESSURE</td>
<td>Normal</td>
<td>Normal</td>
<td>High or low</td>
<td>Systolic BP less than HR OR MAP less than 65</td>
</tr>
</tbody>
</table>

RISK FACTORS

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &gt;55 yo</td>
<td></td>
</tr>
<tr>
<td>Pre-existing lung disease</td>
<td></td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Hx hypertension</td>
<td></td>
</tr>
<tr>
<td>Hx cardiovascular disease, previous MI or CABG</td>
<td></td>
</tr>
<tr>
<td>Use of biologics – ie. For rheumatoid arthritis, ulcerative colitis</td>
<td></td>
</tr>
<tr>
<td>Hx of transplant or other immunosuppression, recent cancer treatment</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
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</tbody>
</table>

TOTAL SCORE
### Presenting Symptoms

<table>
<thead>
<tr>
<th>Presenting Symptoms</th>
<th>YES</th>
<th>NO</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sputum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle Pains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemoptysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diarrhea</td>
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</tbody>
</table>

### All Patients

- □ NP COVID-19 swab
- □ Known COVID-19 positive
- □ Surgical mask
- □ Weight _____ kg
- □ Vitals per CTAS score CTAS _______  Vitals q _______min _______ hr
- □ ACP □ C □ M □ R

### Febrile

- Adults □ Tylenol 500mg-1000mg PO _______ mg
- Paediatrics □ Tylenol by weight _____kg = _____ mg Tylenol

**IF HYPOXIC, APPLY O2 PREFERABLY BY OXYMASK, not nasal prongs. DO NOT HUMIDIFY O2 EXCEPT WITH OPTI-FLOW.**

### O2 Saturation Targets

- □ Equal to or greater than 90%
- □ 92-95% if pregnant
- □ 88-92% if pre-existing chronic lung disease

### O2 Monitoring

- □ Continuous □ q _____ h □ per CTAS score
### MILD
- Oxymask, titrate to target O2 sat
- Surgical mask over oxymask

If history asthma, COPD or wheeze on exam, trial MDI
- Salbutamol MDI with aerochamber 8 puffs
- Atrovent MDI with aerochamber 4 puffs

### MODERATE
- Oxymask, titrate to target O2 sat
- Surgical mask over Oxymask

If history asthma, COPD or wheeze on exam, trial MDI
- Salbutamol MDI with aerochamber 8 puffs
- Atrovent MDI with aerochamber 4 puffs

If effective,
- Salbutamol MDI with aerochamber 4-8 puffs q2h prn
- Atrovent MDI with aerochamber 4 puffs q6h

If some improvement from MDI and poor lung function, assess benefit from nebulizers. □ If nebulizers ordered, move to negative pressure room

### PERSISTENT HYPOXIA
- Consider ICU consult

When requiring more than 6L by Oxymask to keep O2 sats at target,
- Switch to non-rebreather at 10L
- Surgical mask over non-rebreather
- Prone patient

And prepare to move to negative pressure room.
- Notify MD if patient is requiring more than 6L by Oxymask.
- Cardiac Monitor

### SEVERE
- Move immediately to negative pressure room
- Non-rebreathe 10-15L
- Opti-flow if available
- Surgical mask over non-rebreather or Opti-flow
- Notify MD immediately

If advised, plan for intubation
- Cardiac monitor
- Insert 2 IVs, large bore preferred
- **Follow COVID PATIENT INTUBATION PLAN** □ Consult ICU

If ACP-M or not intubation candidate, stabilize and move to other room with palliative orders.
- Palliative orders completed
**LABS/IMAGING**

<table>
<thead>
<tr>
<th>Labs</th>
<th></th>
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<tbody>
<tr>
<td>CBC</td>
<td>INR</td>
</tr>
<tr>
<td>BUN/Cr</td>
<td>CRP</td>
</tr>
<tr>
<td>Blood glucose</td>
<td>LFTs</td>
</tr>
<tr>
<td>VBG</td>
<td>D-Dimer</td>
</tr>
<tr>
<td>Blood cultures</td>
<td>Trop</td>
</tr>
<tr>
<td>Extended lytes</td>
<td></td>
</tr>
</tbody>
</table>

**IMAGING**

- [ ] CXR – to x-ray department if patient can walk independently, otherwise portable
- [ ] EKG

**ANTIBIOTICS: BE MINDFUL OF RISK OF PROLONGED QT**

- [ ] Ceftriaxone 1g IV q24h if < 100kg
- [ ] Ceftriaxone 2g IV q24h if >100kg
- AND
- [ ] Azithromycin 500mg PO or IV Day 1, then 250mg PO or IV OD x 4 days

If comorbidities (YES to any risk factors in table above) and no penicillin allergy,

- [ ] Pip-tazo 4.5g IV x 1 then
- [ ] Pip-tazo 3.375g IV q6h or __________ g IV q____h if renal impairment
- AND
- [ ] Azithromycin 500mg IV or PO q24h

If **penicillin allergy**, consider

- [ ] Moxifloxacin 400mg IV q24h
- OR
- [ ] Azithro 500mg IV or PO q24h
- OR
- [ ] Azithromycin 500mg PO on day 1, then 250mg po OD x 4 days
- OR
- [ ] Doxycycline 100mg PO BID
- AND
- [ ] Vancomycin 1g IV q12h with appropriate Vanco level testing, then
  Vancomycin _____g IV q_____h based on renal function

**HYPOTENSION**

- [ ] MAP <65, Ringer’s lactate 250mL bolus IV and reassess.
- [ ] MAP remains <65 after 500mL total fluids, then prepare for pressors.

**PRESSORS**

- [ ] Norepi - titrate as needed per monograph
- [ ] Vasopressin – titrate as needed per monograph
- [ ] Dobutamine – titrate as needed per monograph