



**COVID-19 PANDEMIC PRACTITIONER ORDER SET
Medicine Admission Addendum Orders**

To complete the order form, fill in required blanks and check the appropriate boxes (☐).
Pre-checked boxes (☒) are initiated automatically. To delete orders, draw one line through the item and initial.

Allergies: ☐ See Regional Allergy / Intolerance Record OR:		Patient Weight _____ Kg <input type="checkbox"/> Actual <input type="checkbox"/> Estimated
Posted Initial	Page 1 of 3	
ORDERS AND SIGNATURE		
The orders in this Order Set are for use in addition to/combination with Order Sets/PPOs and/or Physicians Orders already completed by Practitioner. <input type="checkbox"/> If any conflicting orders or direction occur, the orders below supersede/override any previously written orders. If selected, orders NOT to be initiated require a line through the item and initial.		
Diagnosis: ☐ Person Under Investigation (PUI) for COVID-19 ☐ Confirmed COVID-19 Precautions: <input checked="" type="checkbox"/> Droplet/Contact Plus <input checked="" type="checkbox"/> Follow the SHA Infection Prevention and Control (IPAC) recommendations for aerosol-generating medical procedures (AGMPs) <input checked="" type="checkbox"/> Do not discontinue isolation without discussion with IPAC		
<u>Investigations or Tests</u> <input type="checkbox"/> CK, Troponin Microbiology/Virology (if not already done) <input type="checkbox"/> Blood Cultures x2 <input type="checkbox"/> Sputum Culture for C&S <input checked="" type="checkbox"/> Nasopharyngeal swab for respiratory viruses (COVID-19, Influenza A + B, RSV) <input type="checkbox"/> HIV Serology upon admission Diagnostics: <input type="checkbox"/> Chest X-ray – Portable preferred (Reason: Assess for features of pulmonary infection) <input type="checkbox"/> Other: _____		
<u>Consults / Referrals</u> <i>**Limit allied health profession consults as much as possible to minimize exposure and use of personal protective equipment.**</i> <input type="checkbox"/> _____ - Reason: _____ <input type="checkbox"/> _____ - Reason: _____		
<u>Medication</u> <i>**Do not stop chronic NSAIDs (including low dose ASA) when used for other compelling indications (e.g. heart disease, rheumatoid arthritis).**</i> <i>**Limit corticosteroids to known history of moderate/severe obstructive lung disease as associated with worse outcomes and prolonged viral shedding.**</i>		



COVID-19 PANDEMIC PRACTITIONER ORDER SET
Medicine Admission Addendum Orders

Posted Initial	ORDERS AND SIGNATURE	Page 2 of 3
<p><u>Antimicrobial Therapy:</u> <i>**There is no current evidence from randomized controlled trials to recommend any specific anti-COVID-19 treatment for patient with suspected or confirmed COVID-19. Total duration of empiric therapy includes all doses given (e.g. in the community, the emergency dept, etc.).**</i></p> <p><u>Antibiotics:</u> <i>**Sepsis or septic shock should be treated with IV antibiotics within 1 hour of identification. Secondary bacterial lower respiratory infections are possible with COVID-19.**</i></p> <p><i>**If patient has risk factors for pseudomonas aeruginosa or MDR Gram negative bacilli, consider modification of therapy (e.g. previous isolation of these organisms, cystic fibrosis, end stage bronchiectasis)**</i></p> <p>Option 1 <input type="checkbox"/> cefTRIAxone 2 g IV q24h x 7 days total PLUS <input type="checkbox"/> azithromycin 500 mg q24h x 3 days total <input type="checkbox"/> PO OR <input type="checkbox"/> IV (if septic or unable to take PO)</p> <p>Option 2 [severe beta-lactam allergy (e.g. hives and/or anaphylaxis)] <input type="checkbox"/> moxifloxacin 400 mg q24h x 7 days total <input type="checkbox"/> PO OR <input type="checkbox"/> IV (if septic or unable to take PO)</p> <p>Additional coverage for suspected MRSA infection <i>**Consider vancomycin if hemodynamic instability or features of pulmonary cavitation on CXR.**</i></p> <p><input checked="" type="checkbox"/> Regina/fRQHR surrounding area: If vancomycin required complete PP-625 Vancomycin IV: Initial Treatment (ADULTS)</p> <p><input type="checkbox"/> vancomycin _____ mg (25 mg/kg ABW) IV x 1 dose (ensure loading dose hasn't already been given) THEN: <input type="checkbox"/> vancomycin dosing as per Pharmacy OR <input type="checkbox"/> vancomycin _____ mg IV q_____ h (max 3 g/dose); Refer to Vancomycin Dosing Nomogram on Appendix</p> <p><u>Antivirals:</u> <i>**Antiviral or immunomodulatory therapies are not yet proven effective for treatment or prophylaxis of COVID-19.**</i></p> <p><i>**Order a neuraminidase inhibitor (e.g. oseltamivir) when there is local circulation of seasonal influenza or other risk factors, including travel history or exposure to animal influenza viruses. Public Health determines when influenza season is over.**</i></p> <p><input type="checkbox"/> oseltamivir 75 mg PO BID x 5 days total or until influenza testing negative (if Creatinine Clearance greater than 60 mL/min)</p> <p><input type="checkbox"/> oseltamivir _____ mg PO _____ x 5 days total or until influenza testing negative (Refer to Appendix for dose recommendations if Creatinine Clearance less than/equal to 60mL/min)</p>		
Date & Time		Practitioner Signature:
		Practitioner Name (printed):



COVID-19 PANDEMIC PRACTITIONER ORDER SET
Medicine Admission Addendum Orders

Posted Initial	ORDERS AND SIGNATURE	Page 3 of 3
<p>Respiratory:</p> <p>**Bronchodilators/inhaled corticosteroids may be required in those with underlying lung conditions (e.g. obstructive lung disease). Nebulized medications are not recommended due to potential for aerosol generation.**</p> <p>Metered dose inhalers ideally used with an aerochamber. Contact Pharmacy if required.</p> <p><input type="checkbox"/> salbutamol METERED DOSE INHALER (MDI) 100 mcg 2 puffs q6h and q2h PRN</p> <p><input type="checkbox"/> ipratropium METERED DOSE INHALER (MDI) 20 mcg 2 puffs q6h</p> <p>OR</p> <p><input type="checkbox"/> ipratropium/salbutamol INHALER (Combivent Respimat®) 20 mcg/100 mcg 1 inhalation q____h scheduled and q____h PRN</p>		
<p>Treatments</p> <p>IV Therapy:</p> <p>**A restrictive fluid management strategy is recommended in viral pneumonia. The aim is to reduce extravascular lung water. Where possible avoid 'maintenance' IV fluids, high volume enteral nutrition, and fluid bolus for hypotension.**</p> <p><input type="checkbox"/> Saline Lock</p> <p><input type="checkbox"/> Ringer's Lactate _____ mL/hr x1 Litre, THEN Saline Lock IV</p> <p><input type="checkbox"/> Ringer's Lactate _____ mL/hr x2 Litres, THEN Saline Lock IV</p> <p><input type="checkbox"/> 0.9 % NaCl _____ mL/hr IV x 1 Litre THEN saline lock IV</p> <p><input type="checkbox"/> 0.9 % NaCl _____ mL/hr IV x 2 Litres THEN saline lock IV</p> <p><input type="checkbox"/> Other: _____</p> <p>Respiratory Therapies:</p> <p>**Non invasive positive pressure ventilation (NIPVV) is a high risk aerosol generating medical procedure (AGMP) and not routinely recommended. NIPPV requires a negative pressure room or a single room with rigid walls and doors closed **</p> <p>**Consider consulting the ICU physician/team on call locally or through ACAL for patients with altered level of consciousness (GCS less than 10), persistent hypoxemia requiring FiO2 greater than 80 %, or significantly increased work of breathing**</p> <p><input checked="" type="checkbox"/> Nasal cannula or High Flow Nasal Cannula for O₂ delivery</p> <p><input type="checkbox"/> Titrate oxygen therapy to achieve SpO₂ greater than 90%</p> <p><input type="checkbox"/> Patient with known chronically elevated PaCO₂ [chronic obstructive pulmonary disease (COPD)]; titrate O₂ to achieve a target SpO₂ of 88 – 92%</p> <p><input type="checkbox"/> Respiratory Therapy Consult if patient requires High-Flow Nasal Cannula (HFNC)</p>		
<p>Other</p> <p>_____</p> <p>_____</p>		
Date & Time		<p>Practitioner Signature:</p> <p>_____</p> <p>Practitioner Name (printed):</p> <p>_____</p>

**COVID-19 PANDEMIC PRACTITIONER ORDER SET
Medicine Admission Addendum Orders**
VANCOMYCIN DOSING NOMOGRAM
STEP 1: PATIENT INFORMATION YOU WILL NEED TO DETERMINE INITIAL VANCOMYCIN DOSING REGIMEN

- Age
- Clinical Indication
- Weight (actual, kg)
- Serum Creatinine – consider whether it is a reliable predictor of the patient’s renal function

STEP 2: DETERMINE INITIAL VANCOMYCIN LOADING DOSE AND MAINTENANCE DOSE

ACTUAL BODY WEIGHT (ABW)** Kg	LOADING DOSE	MAINTENANCE DOSE
	Target trough 15 – 20 mg/L (25 mg/kg)	15 mg/kg
40 – 50	1,250 mg	750 mg
51 – 60	1,500 mg	1,000 mg
61 – 70	1,750 mg	1,000 mg
71 – 80	2,000 mg	1,250 mg
81 – 90	2,250 mg	1,250 mg
91 – 100	2,500 mg	1,500 mg

**Consult pharmacy for patients less than 40 kg or greater than 100 kg

STEP 3: DETERMINE INITIAL VANCOMYCIN DOSING INTERVAL (hours)

VANCOMYCIN GOAL TROUGH CONCENTRATION 15 – 20 mg/L								
	SCr (micromol/L)	Age Group (years)						
		20 – 29	30 – 39	40 – 49	50 – 59	60 – 69	70 – 79	80 – 89
15 – 20 mg/L	40 – 60	8	8	8	8	8-12*	12	12
	61 – 80	8	8	8-12*	12	12	12	12-18*
	81 – 100	12	12	12	12	12-18*	18	18
	101 – 120	12	12	12-18*	18	18	18	18
	121 – 140	12	18	18	18	18	18 – 24*	
	141 – 160	18	18	18	18 – 24*	24		
	161 – 180	18-24*	24	24	24			

*If more aggressive therapy is desired, select the more frequent dosing interval

Shaded Boxes: The nomogram may not be as predictive in patients with unstable and/or reduced renal function. If no dosing interval stated, patients should receive a loading dose and pharmacy consulted for assistance with subsequent dosing and interpretation of concentrations

OSELTAMIVIR TREATMENT DOSE RECOMMENDATIONS

Creatinine Clearance (mL/min)	Oseltamivir dose
Greater than 60	oseltamivir 75 mg PO BID for 5 days
31 - 60	oseltamivir 30 mg PO BID for 5 days
10 - 30	oseltamivir 30 mg PO once daily for 5 days
Less than 10 mL/min OR undergoing hemodialysis, peritoneal dialysis or CRRT	Consult Pharmacy for dose recommendation