

Last Name: _____			
First Name (Preferred Name): _____			
Encounter number: _____	NH Number: _____	Chart Created: Y/N	
Date of Birth: _____	Gender: _____	Age: _____	Encounter Type: _____
Responsibility for Payment: _____		PHN: _____	
Primary Care Physician/Attending Physician: _____			
PATIENT LABEL			

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 BC COVID Therapeutics Committee (BCCTC) clinical guidance at <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments>, for further details.

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 or call 1-866-645-7890. 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

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, 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
 - Influenza A/B/RSV
- 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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Medications

Refer to BC COVID Therapeutics Committee (BCCTC) clinical guidance at <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments>, for further details.

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: Indicated in severely ill patients requiring supplemental oxygen for up to 10 days.

Note: Higher doses may be required for other indications (e.g. asthma/COPD)

- dexamethasone** 6 mg PO DAILY X 10 days

OR

- dexamethasone** 6 mg IV DAILY X 10 days
- Other: _____

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.*

Standard Dose

- CrCl 30 mL/min or above and patient 100 kg or less: **enoxaparin** 30 mg subcutaneous q12h
- CrCl 30 mL/min or above and patient over 100 kg: **enoxaparin** 40 mg subcutaneous q12h
- CrCl less than 30 mL/min: **enoxaparin** 30 mg subcutaneous q24h

High Dose *Note: As per BCCTC, should be considered in patients admitted to hospital requiring supplemental oxygen without high risk features for serious bleeding (excluding those requiring respiratory support [high-flow oxygen, noninvasive/mechanical ventilation] and or vasopressor/inotropic support).*

- CrCl 30 mL/min or above: **enoxaparin** _____ (1 mg/kg*) subcutaneous q12h x 14 days/until discharge (whichever sooner)
- CrCl 20 to 29 mL/min: **enoxaparin** _____ (1 mg/kg*) subcutaneous q24h x 14 days/until discharge (whichever sooner; non-dialysis only) *see NH PDAM for dosing table

Bowel Care

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

Physician signature: _____ College ID: _____ Date: _____ Time: _____