

**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 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 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
  - 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:** \_\_\_\_\_



**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 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.*

- 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

**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