Interior Health

COVID-19 – ADULT CONFIRMED OR SUSPECTED COVID-19 INFECTION

Emergency Department

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders (☐) require physician / prescriber check mark (☑) to be initiated.

1. ALLERGIES: see #826234 - Allergy and Adverse Reaction Record

2. ADMISSION INSTRUCTIONS

- MRP: _____

3. CODE STATUS / MOST – REQUIRED FOR ALL PATIENTS

☐ Medical Orders for Scope of Treatment (MOST) #829641

4. CONSULTS

☐ Intensivist / ICU ☐ Internal Medicine ☐ Respiratory Therapist ☐ Anesthesia

5. INFECTION PRECAUTIONS AND CONTROL

- Droplet & Contact with Enhanced PPE Precautions
- See IH PPE Risk Assessment Guidelines during COVID-19 Pandemic

6. DIET

☐ General [DIET] ☐ NPO

Type: ☐ Cardiac ☐ Renal ☐ Diabetic

Texture: ☐ Regular ☐ Minced ☐ Full Fluid

7. ACTIVITY

- If patient in a multi-bed room keep curtains drawn and have patient wear a mask if possible

8. MONITORING

☐ Vital Signs routine ***OR*** Q _____ H

Notify MRP if:

- Hypotension with MAP less than 65
- Increasing supplemental oxygen requirements exceeding 6 L / min to maintain SpO_2 greater than 92%
- Frequent desaturations despite oxygen
- Significantly increasing work of breathing
- Decreasing level of consciousness
- Respiratory rate increasing to greater than 24 breaths per minute

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9. LABORATORY

URGENT BLOODWORK

- **Minimize blood draws (use add-on testing when possible. Avoid daily blood work unless clinically indicated)
- IH ED COVID-19 ED Diagnostics (CBC, Lytes4, Urea, Creatinine (incl GFR), Glucose Random, CRP, LDH, ALT, INR, Blood Gases- Venous)

☐ Troponin I

Swabs mandatory unless already confirmed positive

MICROBIOLOGY

☐ Blood C&S / Yeast Venipuncture [BLD] *(Blood cultures are generally not recommended unless sepsis suspected)*

- **Nasopharyngeal (NP) swab Viral testing:**
  - ☐ COVID-19 testing only **(Covid-19 Virus – Nasopharynx)**
  - ☐ Virus flu panel – Influenza A / B & RSV **(Virus Flu Panel – Nasopharynx)**
  - ☐ Extended viral panel – Influenza A / B & RSV, and Magpix extended viral panel **(Virus Flu + Magpix - Nasopharynx)**

10. DIAGNOSTICS

IF AGMP IS COMPLETED DELAY DIAGNOSTICS FOR APPROPRIATE PERIOD OF TIME AS TO ALLOW AEROSOLIZED DROPLETS TO CLEAR THE ROOM or ALL STAFF MUST WEAR ENHANCED PPE WHEN ENTERING ROOM. (45 min if negative pressure room otherwise 2 hours)*

****If No AGMP Proceed With Diagnostics without delay.****

- Portable Chest X-Ray (CHEST PORT [RAD]) **URGENT**

☐ Chest X-Ray (CHEST [RAD]) **URGENT**

☐ 12-lead ECG [CARD] **URGENT** unless otherwise indicated

11. TREATMENTS

Supplemental Oxygen is a non–AGMP if less than or equal to 6 L / min nasal prongs or less then or equal to 15 L / min non-rebreather*

- Oxygen Therapy delivered by *(mode)* _____ to maintain oxygen saturation goal greater than _____ %

12. INTRAVENOUS THERAPY AND HYDRATION

Conservative fluid management strategy is recommended for patients with COVID-19*

☐ Saline lock

☐ IV Fluid _____ at _____ mL per hour × 24 hours then reassess

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13. MEDICATIONS

All experimental / off-label treatments for COVID-19 are not to be used unless part of an approved clinical trial as per EOC / ID department.*

BRONCHODILATORS

- ☐ **salbutamol 400 mcg MDI with spacer Q4H**
- ☐ **salbutamol 200 mcg MDI with spacer Q1H PRN dyspnea**
- ☐ **ipratropium 80 mcg MDI with spacer Q4H**
- ☐ **ipratropium 80 mcg MDI with spacer Q1H PRN dyspnea**

CORTICOSTEROIDS

Note: For patients requiring supplemental oxygen therapy

- ☐ **dexamethasone 6 mg IV / PO DAILY × 10 days** ***Discontinue if patient is discharged home****

ANTICOAGULATION

Patients **NOT** requiring high flow oxygen/ventilation support/pressor support **AND** no high risk features for bleeding

High-Risk Features for serious bleeding: (age greater than 75y; creatinine clearance less than 30 mL / min; any coagulopathy; platelet count less than 50 × 10^9 / L; use of dual antiplatelet therapy; recent history of serious GI bleed; recent intracranial condition (stroke; neurosurgery; aneurysm; cancer); or epidural or spinal catheter)*

☐ Therapeutic anticoagulation with **enoxaparin** (dosed by chart below) × 14 days OR hospital discharge, whichever is sooner.

Patient Weight (kg)	eGFR 30 mL/min or greater
☐ 35 to 45	60 mg subcut once daily
☐ 46 to 59	80 mg subcut once daily
☐ 60 to 72	100 mg subcut once daily
☐ 73 to 88	120 mg subcut once daily
☐ 89 to 100	150 mg subcut once daily
☐ 101 to 114	100 mg subcut Q12H
☐ 115 to 139	120 mg subcut Q12H
☐ 140 to 160	150 mg subcut Q12H
☐ greater than 160	See IH medication manual for dosing guidance

☐ VTE Prophylaxis all other patients (if no contraindications to enoxaparin) **enoxaparin 30 mg subcut Q12H**

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13. MEDICATIONS *(cont'd)*

IMMUNOMODULATORY AGENTS

- Consider immunomodulatory agents (tocilizumab [if available] or sarilumab [alternative] or baricitinib [alternative]) in **confirmed** COVID-19 patients requiring life support (PPO # 829586)
- Consider baricitinib in **confirmed** COVID-19 patients requiring initiation of oxygen (or a change in their baseline use of oxygen) due to COVID-19 pneumonia (PPO # 829586)

ANALGESICS / ANTIPYRETICS

☐ **acetaminophen 650 mg PO / PR / OG Q6H PRN** for pain / fever

OPIOIDS

☐ **HYDROmorphone 0.5 mg to 1 mg PO Q1H PRN** for dyspnea, pain or air-hunger
☐ **HYDROmorphone 0.25 mg to 0.5 mg subcutaneously Q30MIN PRN** for dyspnea, pain or air-hunger

OPIOID REVERSAL AGENTS

☐ **naloxone 0.4 mg IV / IM Q3MIN PRN** for opioid reversal

ANTINAUSEANTS

☐ **dimenhyDRINATE 25 mg to 50 mg PO / IV Q4H PRN** for nausea
☐ **ondansetron 4 to 8 mg PO / IV Q8H PRN** for nausea

ANTIBIOTICS

****Antibiotic therapy is not routinely recommended for the treatment of COVID-19 pneumonia. ****

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