



fraserhealth

# Regional Order Set for Suspected/Confirmed COVID-19 - Adult



Form ID: DRDO107339B

Rev: Apr 7, 2020

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DRUG & FOOD ALLERGIES

- **Mandatory**     **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

See back of page 1 and 2 for additional guidance, including pregnancy and breastfeeding considerations.

### ADMISSION INSTRUCTIONS:

- Contact local Critical Care Physician or the Regional Triage Intensivist on call if confirmed COVID-19 AND on oxygen 5 L/min or greater AND appropriate MOST designation.

### Infection Prevention and Control:

- Droplet Precautions for all patients with suspected or confirmed COVID-19
- Use Airborne & Droplet Precautions in a negative pressure room (if available, or use closed room) for any aerosol generating procedure (endotracheal tube insertion or removal, tracheotomy, bronchoscopy, high flow oxygen, non-invasive ventilation).
- Note: Low-flow O<sub>2</sub> (1 to 6 L/min on nasal prongs, or up to 15 L/min on a non-rebreather mask) is not considered an aerosol generating procedure
- Patient to wear surgical mask during transportation. Patient to stay 2 meters away from others while in their room.

### MONITORING:

- Notify MRP immediately if patients develops:
  - Oxygen requirement 5 L/min or greater, OR
  - Any two of the following:
    - Blood pressure less than 100 mmHg systolic
    - Altered level of consciousness
    - Tachypnea greater than 22 breaths per minute

### INVESTIGATIONS:

- Minimize blood draws
- Collect blood tests, investigations, and swabs below only if not already done
- Utilize add-on testing to previously collected specimens whenever possible
- CBC, CP7, INR, PTT, liver function tests, CRP
- Serum lactate. Notify MRP immediately if lactate greater than 4 mmol/L
- Procalcitonin (order if COVID confirmed or highly probable)
- Blood culture x 2 sets BEFORE antibiotics STAT (order if patient is septic)
- Troponin
- Portable chest X-ray (if done post-intubation, delay until after central line and gastric tube inserted)
- Discontinue daily chest X-ray
- ECG
- Nasopharyngeal swab for COVID-19 and FLU/RSV
- Sputum/Endotracheal Aspirate for COVID-19 (order if admitted to HAU/ICU or unable to collect nasopharyngeal swab)

### TREATMENTS:

- Titrate oxygen to maintain oxygen saturation 92 to 96%

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name <u>and</u> College ID#

**Additional Resources for Evaluation, Testing, and Management of COVID-19**

FH Pulse COVID-19 Information for Employees and Medical Staff

[http://fhpulse/quality\\_and\\_patient\\_safety/infection\\_control/Pages/novel\\_coronavirus.aspx](http://fhpulse/quality_and_patient_safety/infection_control/Pages/novel_coronavirus.aspx)

FH Guidelines for Diagnosis and Management of COVID-19

Spectrum smartphone app for Apple and Android devices: <https://spectrum.app/fraser-health/>

WebPortal: <https://app.spectrum.md/en/clients/9-fraser-health>

BC Centre for Disease Control (BCCDC) Coronavirus Disease

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care>

BC Clinical Reference Group Recommendation on Unproven Therapies for COVID-19

<https://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/treatments>

World Health Organization Interim Guidance - Clinical management of severe acute respiratory infection when COVID-19 suspected

[https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

**Pregnancy and Breastfeeding**

- Titrate oxygen to maintain saturation greater than or equal to 96% in pregnancy
- If presentation is unclear, initiate therapy for Community-Acquired Pneumonia (CAP):  
**amoxicillin** 1 g PO BID  
OR  
**cefoTAXime** 1 g IV STAT and Q8H PLUS or MINUS **azithromycin** 500 mg IV STAT and Q24H
  - If history of anaphylactic penicillin allergy or severe delayed reactions to penicillins or cephalosporins consult infectious disease
  - Avoid fluroquinolone antibiotics
- If presentation is unclear and sepsis is suspected, see Regional Pre-printed orders for Suspected Sepsis: Initial Management - OBSTETRICS [DRDO0106138]
- In consultation with an obstetrician antenatal corticosteroids may still be provided if needed for fetal lung maturation



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### FLUID AND VOLUME MANAGEMENT:

Use conservative fluid management when there is no evidence of shock

- furosemide** \_\_\_\_\_
- Other: \_\_\_\_\_

### MEDICATIONS:

Routine corticosteroids are to be avoided in COVID-19 patients unless evidence of COPD/asthma exacerbation or refractory septic shock. Supply of bronchodilator inhalers is limited; order selectively for appropriate clinical indications (e.g. wheezing)

#### Analgesics and antipyretics

- **\*\*Max acetaminophen from all sources 4,000 mg per 24 hours\*\***
- acetaminophen** 650 mg PO Q6H PRN for pain/fever
- acetaminophen** 650 mg rectally Q6H PRN for pain/fever

#### Antibiotics: First dose to be given STAT (after blood cultures drawn if ordered)

Antibiotics have no effect against the COVID-19 virus. However, concurrent bacterial infection is possible. If presentation is unclear or patient is septic, initiate therapy for Community-Acquired Pneumonia (CAP)  
Antibiotics can be discontinued if procalcitonin is less than 0.25 µg/L

- cefTRIAxone** 1 g IV Q24H x 5 days  
PLUS
- azithromycin** 500 mg PO Q24H x 3 days (caution if prolonged QTc)  
OR if unable to swallow
- azithromycin** 500 mg IV Q24H x 3 days (caution if prolonged QTc)

If severe cephalosporin allergy:

- MOXifloxacin** 400 mg PO daily x 5 days  
OR if unable to swallow
- MOXifloxacin** 400 mg IV Q24H x 5 days

### OTHER ORDERS:

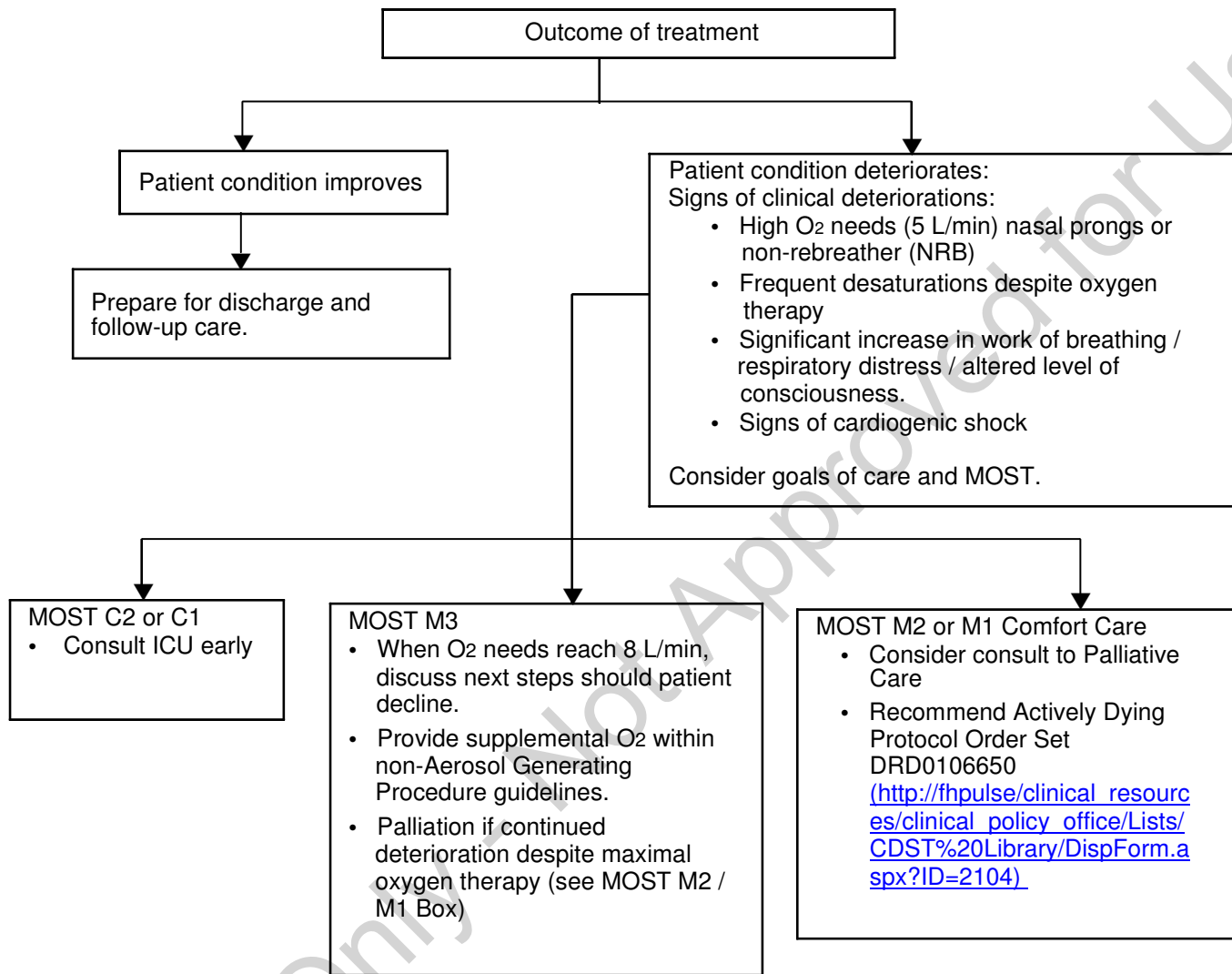
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Clinical Decision Support Tool for COVID-19



Medical treatments (excluding Critical Care Interventions and Resuscitation)

- M1: Supportive care, symptom management and comfort measures. Allow natural death. Transfer to higher level of care only if patient's comfort needs not met in current location.
- M2: Medical treatments available within location of care (Specify current location). Transfer to higher level of care only if patient's comfort needs not met in current location.
- M3: Full Medical treatments excluding critical care, OR

Request for Critical Care Interventions.

**Note:** Consultation will be required prior to admission.

- C1: Critical Care interventions excluding intubation.
- C2: Critical Care interventions including intubation.