LTC/ SL COVID-19 Infection Medical Management Pathway

CURRENT GOC: _____

□ CONTACT and DROPLET ISOLATION
□ STAT Nasopharyngeal COVID-19/ RPP swab

VITALS

□ BP/ HR/ Temp/ RR/ O2 Sat x Q8H and PRN - reassess at 48 h

O2 & RESPIRATORY CARE

- □ Nasal prong O2 - Target SaO2 90-96%
- □ Nasal prong O2 - Target SaO2 88-92% (for known CO2 retainer in COPD)
- □ Notify MD/NP if 02 needs increase by more than 2 liters from previous assessment
- □ Notify MD/NP if O2 needs exceed 6liter/min
- □ Salbutamol Spacer/ MDI 2 puffs q4h PRN Aerochamber and mask (wheezing/bronchospasm, review if tachycardia; HR more than 120)
- □ Aerosol Generating Medical Procedure (AGMPs) ordered? (e.g. Nebs, trach care, CPAP/BIPAP, Airway suction)
  - Use N95 & PPE with all AGMPs
- □ STOP all nebulized meds & consider alternative
- □ HOLD CPAP

FLUID

- □ Normal saline via hypodermoclysis (HDC) at 30 to 75ml/h (use site procedure manual for HDC if available)
- □ Reassess need for HDC daily
- □ Monitor volume status (watch fluid overload)

ELIMINATION

- □ Consider insertion of Foley catheter
- □ Bedside commode

SYMPTOMATIC Rx

Fever & pain:

- □ Acetaminophen 500-1000mg TID PO x72 hours
- □ Acetaminophen 650mg TID rectal x 48 hours (may hold at RN discretion)

Nausea:

- □ Dimenhydrinate (Gravol) 25-50mg PO or IM q8h PRN (can cause sedation and change in LOC: consider stopping if occurs)
- □ Metoclopramide 5 mg TID or QID PO or Subcutaneous x 48 h reassess

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Distressing Delirium, Agitation:

- □ Haloperidol 0.5 -1 mg Subcutaneous or IM Q1H PRN (also antiemetic properties)
  (if not effective after 3-4 consecutive doses or 8 mg per 24 h then consider Methotrimeprazine)
- □ Methotrimeprazine 6.25 – 25 mg SC Q8H PRN

ANTIBIOTICS (if bacterial infection suspected)
(consider adjustment for age, renal function, weight, Rx interactions)

- □ Allergy review □ Most recent Scr _____
- □ Reassess antibiotic order at 72h
- □ Treat for bacterial infection (clinical S&S of pneumonia =tachypnea >24, hypoxia, febrile, sputum purulence, cough)
- □ Amoxicillin 1gm TID PO x 7 days

If penicillin allergy

- □ Azithromycin 500mg first day PO and 250mg daily x 4days

OR

- □ Doxycycline 200mg stat then 100mg po bid x 7 days

If NPO

- □ Ceftriaxone 1 g Q24 IM x 3 days - first dose stat (reconstitute with 1% lidocaine)

If suspected Influenza

- □ Oseltamivir 75mg PO BID x 5 days (STOP if swab negative for Influenza)

(consider adjustment for age, renal function, weight, Rx interactions)

END OF LIFE CARE
See provincial care of the imminently dying

- □ Morphine 2.5mg Subcutaneously Q1H PRN
- □ Hydromorphone 0.5 - 1mg Subcutaneous Q1H PRN
  (pain, Work of breathing, dyspnea, pulmonary edema)

- □ Haloperidol 0.5 -1 mg Subcutaneous or IM Q1H PRN
  (Distressing Delirium, agitation)
  (if not effective after 3-4 consecutive doses or 8 mg per 24 h then consider Methotrimeprazine)
- □ Methotrimeprazine 6.25 – 25 mg Subcutaneous Q4H PRN
  (Distressing Delirium, agitation)

- □ Atropine 0.6 mg Q6H Subcutaneous PRN or Atropine ophthalmic drops 2 drops under tongue TID PRN (distressing pulmonary secretions – report worsening delirium)
- □ Lorazepam 0.5- 1mg q2h SL PRN, max 3 PRN in 24 hours (use for

associated distressing anxiety; call MD if max reached)

- □ Midazolam 2-5mg Q1H Subcutaneous (for respiratory distress not relieved by HYDROMORPHONE) (for delirium not responsive to HALDOL or NOZINAN)

- □ Discontinue all vitals
- □ Discontinue all oral medications □ O2 for comfort (no O2 sat titration parameters)
- □ RN may pronounce death □ Use local site End of life pathway
- □ **If any EOL PRN med used more than x2 in 24h review with physician to consider scheduling**

DEPRESCRIBING or STOPPING MEDS during acute illness

- □ Review all oral medications
- □ Antipsychotics
- □ Sedatives
- □ Diuretics (e.g. furosemide, spironolactone, hydrochlorothiazide) ***except in heart failure***
- □ Antihypertensives
- □ Multivitamins/ supplements
- □ Insulin or oral diabetic med □ Call MD if BG >_____
- □ Consider DOAC vs Coumadin if appropriate (reduce monitoring requirements)

INVESTIGATONS (discouraged - evaluate case by case)

- □ _____

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