



Form Title **COVID-19 Adult Admission Order Set**

Form Number **21614**

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Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

COVID-19 Adult Admission Order Set

Print as needed and always include Side B
(content may change rapidly).

Select orders by placing a (✓) in the associated box

Goals of Care			
Should be addressed upon admission			
Tools			
Consider use of the Clinical Frailty Scale (CFS) and/or Edmonton Frailty Scale-Acute Care (EFS-AC) in determining frailty status https://edmontonfrailscale.org/frailty-covid-19 . For a CFS greater than 5 and/or EFS-AC greater than 6, consider including frailty status in GCD discussion.			
Screening			
<input checked="" type="checkbox"/> Respiratory NAT Panel	AND (choose one)	<input checked="" type="checkbox"/> COVID-19 NAT, Swab	
		<input type="checkbox"/> Nasopharyngeal	OR
		<input type="checkbox"/> Throat	OR
		<input type="checkbox"/> Aspirate	
Isolation			
<input checked="" type="checkbox"/> Initiate Contact and Droplet Isolation for suspected or positive COVID-19 (acute respiratory illness)			
<input checked="" type="checkbox"/> Wear fit tested N95 respirator and move to private room ONLY when performing Aerosol-generating medical procedures (AGMP)			
Respiratory Interventions			
If Aerosol-Generating Medical Procedures (AGMP) required - place patient in a private room with hard walls and a closed door, all staff to use N-95 respirators during AGMP. Refer to Aerosol-Generating Medical Procedure Guidance Tool www.ahs.ca/AGMP If oxygen requirements are rapidly increasing consider early consultation with Critical Care.			
<input type="checkbox"/> Oxygen Therapy – Titrate to Saturation			
<ul style="list-style-type: none"> • Adult: titrate to target SpO2 between 92% to 96% for stable adults • Pregnant patients: titrate to target SpO2 of at least 95% • Cardiovascular disease (CO2 retainer): titrate to target SpO2 of 88 to 92% 			
Initial O2 delivery method			
<input type="checkbox"/> Nasal Prongs			
<input type="checkbox"/> Simple face mask (non-humidified)			
<input type="checkbox"/> Face mask with reservoir/non-rebreather (non-humidified)			
Patient Care			
<input type="checkbox"/> Adjust Head of Bed to 30 degrees			
<input type="checkbox"/> Notify Most Responsible Health Practitioner if increasing O2 requirements, rapidly progressive respiratory failure or sepsis (follow local Early Warning System policy as applicable)			
Diet and Nutrition (consider NPO for patients in respiratory distress or with high oxygen requirements)			
<input type="checkbox"/> NPO			
<input type="checkbox"/> Other diet _____			
COVID-19 Specific Labs			
For severe cases, consider in addition to standard admission investigations for determining severity of disease. Literature does not support a specific role of these parameters in guiding clinical management but they may be useful in prognostication.			
<input type="checkbox"/> C-Reactive Protein	<input type="checkbox"/> Ferritin	<input type="checkbox"/> INR	<input type="checkbox"/> Troponin
<input type="checkbox"/> D-dimer	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> Lactate Dehydrogenase Blood	<input type="checkbox"/> Other _____
IV Fluids			
Conservative fluid management strategies for adults are recommended.			
Prescriber Name	Prescriber Signature	Date (dd-Mon-yyyy)	Time (hh:mm)

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Medication Guidance

Antibiotics

Continuation of antibiotics after initial empiric doses is not recommended for confirmed COVID-19 patients who do not have proven (or strongly suspected) bacterial or fungal co-infection/superinfection.

Doxycycline and linezolid are not routinely used in pregnancy.

Analgesics

There is an anecdotal concern about the use of NSAIDs in patients with severe disease but no clinical data are yet available. Consider substitution with acetaminophen for patients.

Antivirals & Antimalarials

Not routinely recommended for COVID-19. Infectious Diseases consultation recommended except for Tamiflu in treatment of Influenza. Oseltamivir can be used for Influenza (suspected or confirmed) without ID consult and should ideally be started within 48 hours of symptom onset. For severe hospital or ICU cases during influenza season it is recommended even beyond 48 hours of symptom onset.

Nebulization

This is an AGMP - avoid nebulization if at all possible.

Treatment by wet nebulization is restricted to:

- 1) severe asthma or status asthmaticus OR
- 2) patients who cannot be treated with MDI with spacer

ACE Inhibitors and Angiotensin Receptor Blockers (ARB)

Patients currently stabilized on ACE inhibitors / ARBs are recommended to be continued on that therapy unless a contraindication is present (*e.g., acute kidney injury, hypotension*).

Corticosteroids

Not routinely recommended unless concomitant acute exacerbation of COPD, asthma or other indication.