Alberta Health Services

Form Title **COVID-19 Evaluation and Management Adult ED/UCC Order Set**

Form Number **Form 21623**

Alberta Health Services

COVID-19 Evaluation and Management Adult ED/UCC Order Set

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

Print as needed and always include all 3 pages.
(content may change rapidly).

Last Name *(Legal)*	First Name *(Legal)*	
Preferred Name ☐ Last ☐ First	DOB*(dd-Mon-yyyy)*	
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown		

Goals of Care

☐ R1 ☐ M1 ☐ C1
☐ R2 ☐ M2 ☐ C2
☐ R3

Isolation

☑ Initiate Contact and Droplet Isolation for suspected or positive COVID-19 *(acute respiratory illness)*

☑ Wear fit tested N95 respirator and move to private / negative pressure room when performing Aerosol-generating medical procedures *(AGMP)*.

Respiratory Interventions

☐ Oxygen Therapy – *If patient is hypoxemic and clinical judgement warrants.*
- *Adult: titrate to target SpO2 92 to 96% for stable adults*
- *Pregnant patients: titrate to target SpO2 of at least 95%*
- *At risk of hypercapnia (e.g. COPD): titrate to target SpO2 88 to 92%*
- *Acute Coronary Syndromes: titrate to target SpO2 90 to 92%*

Initial O2 delivery method
☐ Nasal Prongs with procedure mask
☐ Simple face mask *(non-humidified)*
☐ Face mask with reservoir/non-rebreather *(non-humidified)*

Utilization of other respiratory/O2 delivery modalities should follow guidelines in the AHS "Respiratory Management of Confirmed and Suspected Adult COVID-19 Patients" document.

http://ahsweb.ca/HEE/Respiratory_Management_of_Confirmed_and_Suspected_Adult_COVID-19_Patients

If oxygen requirements are rapidly increasing consider early consultation with Critical Care through RAAPID.

Monitoring

☐ Vital Signs (Temp, BP, HR, RR) every _____ hours
☐ Continuous SpO2 monitoring
☐ O2 Saturation monitoring - evaluation of SpO2 with exertion *(ex. walk test)*
☐ Cardiac Monitoring - continuous
☐ Glucose POCT - once

Patient Care

☐ Adjust Head of Bed to greater than 30% and/or allow patient to assume position of preference
☐ Notify Most Responsible Health Practitioner: If increasing respiratory effort *(requiring if greater than 6L O2 by nasal prongs)* or if any other evidence of 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)*
☐ NPO
☐ Other diet _____

Prescriber Name	Prescriber Signature	Date *(dd-Mon-yyyy)*	Time *(hh:mm)*

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Labs – STAT

Please note the listed investigations below are for clinical consideration and not required tests.

☐ CBC and Differential ☐ Urea ☐ AST ☐ Bilirubin Total
☐ Electrolytes (Na, K, Cl, CO2) ☐ Creatinine ☐ ALT ☐ Blood Cultures
☐ C-Reactive Protein (CRP) ☐ Glucose ☐ Beta hCG ☐ Lactate Dehydrogenase
☐ Respiratory Viral Pathogen Testing *(Includes COVID-19)*

Must complete the following laboratory requisition; COVID-19 and Other Respiratory Viruses (Form #21701) with required clinical history and criteria to ensure timely processing of test https://www.albertahealthservices.ca/frm-21701.pdf

☐ Venous Blood Gas ☐ Arterial Blood Gas

Consider in specific patients based on clinical status and comorbidities. Current literature does not support a specific role for these parameters in guiding clinical management but they may be useful in evolving prognostic models.

☐ INR ☐ Fibrinogen ☐ Troponin
☐ D-dimer ☐ Ferritin

Diagnostic Imaging

Chest imaging cannot diagnose COVID-19, Consider when assessing for complications of COVID-19 (such as ARDS or bacterial superinfection) and other respiratory etiologies.

☐ Chest X-ray portable
☐ Chest X-ray 2 projects (PA/LAT) – depending on site policy

IV Fluids

Conservative fluid management strategies are recommended.

☐ NaCl 0.9% IV bolus _____ mL and/or IV maintenance at _____ *(specify rate)*
☐ LR infusion IV bolus _____ mL and/or IV maintenance at _____ *(specify rate)*
☐ Other Fluid _____ *(specify type)* at _____ *(specify rate)*

Glucocorticoids

In hospitalized patients who meet criteria for severe disease, and requiring supplemental oxygen, mechanical ventilation or extracorporeal mechanical oxygenation, clinicians should strongly consider offering dexamethasone 6 mg IV/PO daily for 10 days, or until off oxygen or until discharge if earlier, or equivalent glucocorticoid dose. ***Glucocorticoids are not routinely recommended*** *in patients who* ***do not*** *have hypoxemia requiring supplemental oxygen.*

☐ dexAMETHasone tab PO 6 mg daily x 10 days

OR

☐ dexAMETHasone injection for oral use PO 6 mg daily x 10 days

OR

☐ dexAMETHasone IV 6 mg daily x 10 days

☐ Other _____

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Immunomodulators

Sotrovimab is restricted for use in patients who have AHS confirmed COVID-19 infection if they can receive the treatment within 5 days of symptom onset and meet ONE of THREE criterias. Refer to Sotrovimab AHS Provincial Drug Formulary for more information: https://ahsweb.ca/HEE/Sotrovimab_AHS_Provincial_Drug_Formulary

Guidance for Therapeutic Management of Adult Patients with COVID-19: https://ahsweb.ca/HEE/Antimicrobial_Immunomodulatory_Therapy_Adult_Patients_COVID_19

☐ sotrovimab 500 mg IV Once

Empiric Antimicrobial Therapy of Pneumonia in Suspected COVID-19: Patients being hospitalized

*For patients who are pending confirmation of COVID-19 infection, with possible bacterial infection, the following initial therapy can be considered with reassessment within the **first 3 days** and de-escalate on the basis clinical review and viral/bacterial lab results. Continuation of therapy 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.*

*If patient weight is **less** than 100 kg*

☐ ceftriaxone 1 g IV daily x 5 doses

OR

*If patient weight is **greater** than 100 kg*

☐ ceftriaxone 2 g IV daily x 5 doses

AND *(choose one)*

☐ azithromycin 500 mg PO *(IV if NPO)* daily x 3 doses

☐ doxycycline 200 mg PO once followed by 100 mg PO BID x 9 doses

OR (*alternative)*

☐ levofloxacin 750 mg PO (IV if NPO) daily x 5 doses

If history or suspicion of MRSA ADD *(choose one)*

☐ vancomycin 25 mg/kg IV load *(round to nearest 250 mg; max 3 g)* followed by 15 mg/kg *(round to nearest 250mg; max 2 g)* every12 hours x 13 doses.

☐ linezolid 600 mg IV/PO every 12 hours x 14 doses

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 during influenza season it is recommended even beyond 48 hours of symptom onset.

☐ oseltamivir 75 mg PO BID *(if normal renal function),* discontinue if influenza RVP negative

Discharge Therapy Considerations

*Inhaled budesonide via dry powder inhaler may be considered as a discharge medication for mildly ill COVID-19 patient being managed as outpatients. **Less expensive option is 200 mcg/actuation.** 14-days of treatment is recommended.*

Consider providing prescription for either:

budesonide 200 mcg/actuation inhaler 4 puffs 2 times a day. Stop after 28 doses.

OR

budesonide 400 mcg/actuation inhaler 2 puffs 2 times a day. Stop after 28 doses.

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