

COVID-19 Admission ICU - Adult Order Set

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

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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	

Goals of Care

Conversations leading to the ordering of a Goals of Care Designation (GCD) Order, should take place as early as possible in a patient's course of care. The Goals of Care Designation Order is written, or the previous GCD Order is affirmed or changed resulting from this conversation with the patient or, where appropriate, the Alternate Decision-Maker.

Screening

☒ Respiratory Viral Pathogen Testing (Includes COVID-19)

Endotracheal aspirate preferred over NP swab if possible.

Must complete laboratory requisition; COVID-19 and Other Respiratory Viruses (Form #21701) with required clinical history and criteria to ensure timely processing of test

http://ahsweb.ca/HEE/COVID19_and_Other_Respiratory_Viruses_Requisition_Provincial

For ID NOW COVID-19 testing, follow local processes if available at your site

Isolation

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

☒ Wear fit tested N95 respirator ONLY when performing Aerosol-generating medical procedures (AGMP)

Diet and Nutrition

☐ NPO

☐ Adult diet, (specify): _____

☐ Enteral Feeding Safe Start Adult, (specify): _____

☐ Total Fluid Intake, (specify): _____

☐ Inpatient Consult to Nutrition Services/Dietitian

☐ Inpatient Consult to Speech Language Pathology

Patient Care

☐ Adjust Head of Bed to 30 degrees

☐ Prone Positioning

☐ Activity as tolerated, following unit mobility protocol

☐ Complete bedrest

☐ Weigh Patient on admission and every ____ day(s)

☐ Measure Height Once on admission

Monitoring

Vital Signs

☐ Vital Signs every _____ hours

☐ Neurovascular checks every 4 hours

☐ Neurological vital signs every hour (*Neurological vital signs include: Glasgow Coma Scale, gross motor power x 4 and pupillary assessment*)

☒ Continuous Pulse Oximetry

☒ Record RASS every 4 hours

☒ Record ICDSC every 12 hours

☒ Record CPOT every 4 hours PLUS prior to dosing analgesics

☐ Follow night protocol for vital signs. (*Follow night protocol - as per unit protocol to encourage sleep and minimize interruptions to the patient during the hours of 2200-0600*)

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Monitoring continued

Monitors

- ☒ Continuous cardiac monitoring
- ☐ Monitor Intra Arterial Blood Pressure every hour
- ☐ Continuous central venous pressure monitoring, record every hour
- ☐ Continuous carbon dioxide monitoring (ETCO₂)
- ☐ Continuous PA catheter monitoring, measure Cardiac output every 4 hours.
- ☐ Measure Bladder Pressure; Intra-abdominal pressure, every 4 hours, Continuous.

Notify Physician if Pressure greater than (mmHg): 20

- ☐ Monitor temperature every hour, via _____ (foley thermistor, esophageal thermistor or rectal)
- ☐ Monitor train of four every hour for patients on neuromuscular blockade

Intake and Output

- ☐ Intake and Output every _____ hour(s)

POCT Glucose

- ☐ POCT Glucose Meter
 - ☐ QID before meals and hs
 - ☐ 0200 hours
 - ☐ Fasting and 2 hours post meals
 - ☐ Once
 - ☐ Every 1 hour, per protocol, decrease to every 4 hours once stable

Physiologic Goals

☐ Physiologic Goals - Temperature

Goal Temperature: _____ °C

☐ Physiologic Goals – Respiration

Goal Vt (mL per Kg) from: _____
 Goal Minute Ventilation (L/min) from: _____
 Goal PIP (cm H₂O) less than: _____
 Goal Plateau Pressure (cmH₂O) less than: _____
 Goal SpO₂ (%) between: _____
 Goal PaO₂ (mmHg) between: _____
 Goal PaCO₂ (mmHg) between: _____
 Goal SaO₂ (%) greater than: _____
 Goal pH between: _____

☐ Physiologic Goals – GI

Goal Intra-Abdominal Pressure (mmHg) less than: _____
 Goal Glucose (mmol) between: _____

☐ Physiologic Goals – GU

Goal Urine Output (mL) greater than: _____
 Goal Fluid Balance (mL) in 24 hours between: _____

☐ Physiologic Goals - Hematology/Coagulation

Goal WBC Range (x10⁹/L): _____
 Goal Hemoglobin Level (gm/dL) greater than: _____
 Goal Platelets (x10⁹/L) greater than: _____
 Goal Fibrinogen (gm/L) greater than: _____

☐ Physiologic Goals - Neurologic

Goal RASS: 0 Goal ICP (mmHg) less than: _____
 Goal CPP (mmHg) between: _____
 Goal delirium screen: _____

☐ Physiologic Goals - Cardiac

Goal MAP (mmHg) between: _____
 Goal Diastolic BP (mmHg) between: _____
 Goal Systolic BP (mmHg) between: _____
 Goal ScvO₂ (%) greater than: _____
 Goal SmvO₂ (%) greater than: _____

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Patient Care Interventions

Gastric Tube

- ☐ Insert OG tube, connect to low intermittent wall suction
 - ☐ Insert NG tube, connect to low intermittent wall suction
 - ☐ GR Chest 1 projection to confirm placement
- Confirm position with x-ray prior to administration of medications via OG/NG tube*

Small Bore Feeding Tube

- ☐ Insert NG small bore feeding tube
- ☐ Enteral nutrition is to be initiated only after feeding tube placement is verified as per site/zone policy, procedure or guideline, and placement should be confirmed per protocol before each use
- ☐ Adjust Head of Bed to 30 - 45 degrees
- ☐ GR Chest 1 Projection to confirm placement, once

Urinary Catheter

- ☐ Insert indwelling urinary catheter
- ☐ In and Out catheter, as needed for urinary retention
- ☐ Insert indwelling urinary catheter with thermistor

Respiratory Assessments & Interventions

- ☐ Weaning parameters
- ☐ Spontaneous breathing trial, every shift
- ☐ EVAC suction tube to continuous suction at 30 mmHg
- ☒ Invasive ventilation management:
 - ☒ Daily weaning assessment
 - ☒ Ventilation goals: pH 7.25 - 7.45
 - ☒ Titrate to maintain minimum target saturation: 90%
 - ☒ Settings at Respiratory Therapist's discretion (RT to adjust/wean ventilation as appropriate per unit protocol)
- ☐ Oxygen therapy for Acute Stroke maintain SpO2 goal of 92-96%
- ☐ Oxygen Therapy for Pregnancy maintain SpO2 goal of 95%

Notify

- ☐ Notify MRHP
- Specify parameters: _____

Laboratory Investigations STAT

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> CBC and Differential <input type="checkbox"/> Electrolyte Panel (Na, K, Cl, CO2, Anion Gap) <input type="checkbox"/> Creatinine <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphate <input type="checkbox"/> Glucose, Random <input type="checkbox"/> Calcium <input type="checkbox"/> Urea <input type="checkbox"/> Lactate | <ul style="list-style-type: none"> <input type="checkbox"/> Albumin <input type="checkbox"/> INR <input type="checkbox"/> Partial Thromboplastin Time (PTT) <input type="checkbox"/> Fibrinogen <input type="checkbox"/> D-Dimer <input type="checkbox"/> Blood Culture Panel - Adult x 2 |
|---|---|

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Laboratory Investigations STAT continued

- | | |
|---|--|
| <input type="checkbox"/> Alanine Aminotransferase (ALT)
<input type="checkbox"/> Bilirubin, Total
<input type="checkbox"/> Alkaline Phosphatase (ALP)
<input type="checkbox"/> Aspartate Aminotransferase (AST)
<input type="checkbox"/> Lactate Dehydrogenase (LD)
<input type="checkbox"/> Lipase
<input type="checkbox"/> C-Reactive Protein (CRP)
<input type="checkbox"/> Troponin
<input type="checkbox"/> Cortisol, Random
<input type="checkbox"/> Beta hCG, Quantitative
<input type="checkbox"/> Ferritin
<input type="checkbox"/> B-Type Natriuretic Peptide (BNP or NT-ProBNP)
<input type="checkbox"/> Urine Culture
<input type="checkbox"/> Urinalysis
<input type="checkbox"/> Sputum Culture | <input type="checkbox"/> HIV Serology <i>(If risk factors present)</i>
<input type="checkbox"/> Blood Gas Arterial
<input type="checkbox"/> Blood Gas Venous |
|---|--|

Laboratory Investigations Repeating

- | | |
|--|--|
| <input type="checkbox"/> CBC and Differential, Daily morning for 72 hours
<input type="checkbox"/> CBC, No Differential, Daily afternoon for 72 hours
<input type="checkbox"/> Vancomycin Level, pre first dose and every _____ doses
<input type="checkbox"/> Blood Gas Arterial every _____ hour(s) and as needed
<input type="checkbox"/> Blood Gas Venous every _____ hour(s) and as needed

<input type="checkbox"/> Electrolyte Panel (Na, K, Cl, CO ₂ , Anion Gap)
<input type="checkbox"/> Creatinine
<input type="checkbox"/> Urea
<input type="checkbox"/> Glucose, Random
<input type="checkbox"/> C-Reactive Protein (CRP)
<input type="checkbox"/> Calcium
<input type="checkbox"/> Magnesium
<input type="checkbox"/> Phosphate
<input type="checkbox"/> Alanine Aminotransferase (ALT)
<input type="checkbox"/> Alkaline Phosphatase (ALP)
<input type="checkbox"/> Bilirubin, Total
<input type="checkbox"/> Total Protein
<input type="checkbox"/> Lipase
<input type="checkbox"/> Lactate Dehydrogenase (LD)
<input type="checkbox"/> B-Type Natriuretic Peptide (BNP or NT-ProBNP)
<input type="checkbox"/> Albumin
<input type="checkbox"/> Coagulation
<input type="checkbox"/> Partial Thromboplastin Time (PTT) |  <p>Every 12 hours for 72 hours</p> |
|--|--|

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Diagnostics			
<input type="checkbox"/> GR Chest, 1 Projection <input type="checkbox"/> Electrocardiogram 12 lead			
Fluids/Electrolytes			
Oral Electrolyte Replacement			
<i>Not for use in dialysis patients, if Creatinine greater than 150 umol/L, urine output is less than 250 mL/24 hours</i> Notify physician of actions at next bedside rounds. Where different administration routes are available, critical care nurses may select the most appropriate route.			
<i>Routine Potassium Management</i>			
<input type="checkbox"/> potassium chloride long acting 600 mg PO twice daily, for 2 doses <i>(Reassess daily. Do not give if serum potassium is greater than 5.0 mmol/L)</i>			
OR			
<input type="checkbox"/> potassium chloride oral liquid 20 mmol PO every 4 hours for 2 doses <i>(Every 4 hours if potassium below target range. Recheck serum potassium level 24 hours after last dose complete)</i>			
<i>If potassium 3.5 to 3.9 mmol/L</i>			
<input type="checkbox"/> potassium chloride long acting 1200 mg PO daily as needed if potassium 3.5 – 3.9 mmol/L			
OR			
<input type="checkbox"/> potassium chloride oral liquid 20 mmol daily as needed if potassium 3.5 – 3.9 mmol/L			
<i>If potassium 3 to 3.4 mmol/L</i>			
<input type="checkbox"/> potassium chloride long acting 3000 mg PO daily as needed if potassium 3 – 3.4 mmol/L			
OR			
<input type="checkbox"/> potassium chloride Oral liquid 40 mmol daily as needed if potassium 3 – 3.4 mmol/L <input type="checkbox"/> Repeat electrolytes in 4 to 6 hours			
<i>If potassium less than 3 mmol/L automatically check IV potassium and oral potassium for level less than 3 mmol/L</i>			
<input type="checkbox"/> potassium chloride 10 mmol in 100 mL sterile water IV daily as needed, if serum potassium less than 3 mmol/L			
<i>Oral Potassium for level less than 3 mmol/L:</i>			
<input type="checkbox"/> potassium chloride long acting Tablet 1500 mg PO daily as needed, for serum potassium less than 3 mmol/L			
OR			
<input type="checkbox"/> potassium chloride oral liquid 100 mg/mL 40 mmol PO daily as needed, if serum potassium less than 3 mmol/L			
<input type="checkbox"/> Draw a serum potassium level 4 hours after treating a serum potassium less than 3 mmol/L			
<input type="checkbox"/> sodium phosphate effervescent 500 mg PO every 12 hours as needed, for serum phosphate below 0.8 mmol/L			
Follow-up Labs			
<input type="checkbox"/> Potassium, as needed, starting tomorrow at 0400 <input type="checkbox"/> Phosphate, as needed, starting tomorrow at 0400			
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Fluids/Electrolytes continued

IV Electrolyte Replacement

Not for use in dialysis patients, if creatinine greater than 150 umol/L, urine output is less than 250 mL/24 hours

- ☐ potassium chloride 10 mmol in 100 mL sterile water IV, administer over 1 Hour, every hour, as needed if serum potassium below 3.3 mmol/L *Draw serum potassium 2 hours following infusion*
- ☐ potassium chloride 20 mmol in 100 mL sterile water IV, administer over 1 Hour via central line, every hour, as needed if serum potassium below 3.3 mmol/L *Draw serum potassium 2 hours following infusion.*
- ☐ potassium phosphates 15 mmol IV administer over 4 Hours, daily as needed if serum phosphate below 0.8 mmol/L *Do not give if serum phosphate is greater than 1.5 mmol/L or if serum potassium is greater than 5.0 mmol/L Draw serum potassium 2 hours following infusion.*
- ☐ sodium phosphates 15 mmol in 250 mL NaCl 0.9% (0.06 mmol/mL) IV, administer over 4 Hours, once, as needed if for serum phosphate below 0.8 mmol/L *Do not give if serum phosphate is greater than 5.0 mmol/L.*
- ☐ magnesium sulfate 2g in 100 mL NaCl 0.9% IV administer over 2 Hours, once
- ☐ magnesium sulfate 4g in 100 mL NaCl 0.9% IV administer over 5 Hours, once, Hold for serum magnesium over 1.5
- ☐ Follow-up Labs:
 - ☐ Potassium as needed
 - ☐ Phosphate as needed

IV Fluid Boluses

Conservative intravenous fluid strategies in keeping with lung preservation strategies recommended

- ☐ lactated Ringer's bolus _____ mL once
- OR**
- ☐ sodium chloride 0.9% bolus _____ mL once
- OR**
- ☐ electrolyte solution (PLASMA-LYTE A) injection _____ mL once

IV Infusions

Conservative intravenous fluid strategies in keeping with lung preservation strategies recommended

- ☐ lactated Ringer's at 30 mL/hr IV. Stop when drinking well (*when patient tolerates 800 mL oral intake*)
- OR**
- ☐ sodium chloride 0.9% at 30 mL/hr IV. Stop when drinking well (*when patient tolerates 800 mL oral intake*)
- OR**
- ☐ electrolyte solution (PLASMA-LYTE A) at 30 mL/hr IV. Stop when drinking well (*when patient tolerates 800 mL oral intake*)

Line Patency

- ☐ Maintain arterial line, CVP and/or PA catheter with:
 - ☐ sodium chloride 0.9% at 3 mL/hr (*pressurized at 300 mmHg*)
 - ☐ heparin 250 units in NaCl 0.9% 250 mL bag at 3 mL/hr (*pressurized at 300 mmHg*)

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VTE Prophylaxis

Use pharmacological prophylaxis (low molecular-weight heparin preferred) in adults without contraindication

Weight of 40 to 80 kg:

☐ tinzaparin 4,500 units SUBCUTANEOUSLY daily at bedtime

Weight of 80.1 to 90 kg:

☐ tinzaparin 6,000 units SUBCUTANEOUSLY daily at bedtime

Weight of 90.1 to 100 kg:

☐ tinzaparin 7,000 units SUBCUTANEOUSLY daily at bedtime

Weight less than 40 kg OR greater than 100 kg:

☐ tinzaparin (75 units/kg) _____ units SUBCUTANEOUSLY daily at bedtime

If prior heparin induced thrombocytopenia (HIT):

☐ fondaparinux 2.5 mg SUBCUTANEOUSLY daily at bedtime

If contraindications to pharmacological prophylaxis (such as bleeding or high bleeding risk):

☐ Sequential Compression Device- apply every _____. Length (calf or thigh) _____.

Discontinue when ambulating well

☐ Other _____

Medications

Co-infection with a bacterial pathogen at initial presentation with COVID-19 occurs rarely and the vast majority of patients do not require antibacterials. When required, antibacterials can be ordered independently of the current order set

Please open the link and find the current recommendations. This link is being updated regularly.

Recommendations for Antimicrobial management of Adult Hospitalized Patients with COVID-19

http://ahsweb.ca/HEE/Recommendations_for_Antimicrobial_management_of_Adult_Hospitalized_Patients_with_COVID-19

Antimicrobial and Immunomodulatory Therapy in Adult Patients with COVID-19

https://ahsweb.ca/HEE/Antimicrobial_Immunomodulatory_Therapy_Adult_Patients_COVID_19

Management of Possible Secondary Bacterial Infection/Ventilator Associated Pneumonia in Adult COVID-19 patients

Worsening pneumonia may also be due to inflammation so prolonged antibiotic therapy beyond 5 to 7 days in the absence of positive cultures is not currently recommended. Culture directed therapy is preferred.

Empiric therapy pending sputum/bronch culture results:

☐ meropenem 500 mg IV every 6 hours for 3 days

OR

☐ piperacillin-tazobactam 4.5 g IV every 6 hours for 3 days

ADD if patient not documented as MRSA negative:

☐ Vancomycin IV

Refer to Bugs and Drugs (http://ahsweb.ca/HEE/Bugs_and_Drugs) for frequency adjustments based on creatinine clearance. Discontinue vancomycin or linezolid if MRSA carriage swab and bacterial respiratory cultures are negative for MRSA

Recommended loading dose 25 to 30 mg/kg/dose, maximum 3000 mg/dose.

☐ vancomycin _____ mg IV once STAT

FOLLOWED BY

Recommended maintenance dose 15 mg/kg/dose

☐ vancomycin _____ mg IV every 12 hours for 3 days. Starting 12 hours after initial 25 mg/kg/dose.

Target trough 10 – 20 mg/L. Reassess in 48 to 72 hours.

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Medications continued

OR

Linezolid

All patients with functional GI tract should use oral formulation, use IV formulation only if non-functional GI tract. Alternate if renal dysfunction or known prior MRSA pneumonia

- ☐ linezolid 600 mg IV every 12 hours for 6 doses STAT (Reassess in 48 to 72 hours. Discontinue vancomycin or linezolid if MRSA carriage swab and bacterial respiratory cultures are negative for MRSA. Use IV formulation only if non-functional GI tract.)

OR

- ☐ linezolid 600 mg PO every 12 hours for 6 doses STAT (Reassess in 48 to 72 hours. Discontinue vancomycin or linezolid if MRSA carriage swab and bacterial respiratory cultures are negative for MRSA. Encouraged for all patients with functional GI tract. Encouraged for all patients with functional GI tract.)

Antivirals

Refer to AHS Provincial Drug Formulary (https://ahsweb.ca/HEE/ahs_formulary_remdesivir) for new updates to the formulary.

Remdesivir is restricted to a 5-day course of treatment for hospitalized adult patients with COVID-19 pneumonia, who are not mechanically ventilated **AND** meet the following criteria:

1. Admitted to hospital with acute illness due to COVID-19 **OR** developed acute illness due to hospital-acquired COVID-19, while in hospital for other reasons

OR

2. Are immunocompromised, defined as follows:

- Congenital and acquired immunodeficiency including severe combined immunodeficiency (SCID) and profound hypogammaglobulinemia
- HIV infection with CD4 T lymphocyte count less than 200 (or less than 15%) and unsuppressed viral load
*In patients 5 years or older- use CD4 count less than 200
- Any hematological malignancy
- Within 24 months of stem cell transplant
- Solid organ transplant
- Current receipt of prednisone greater than 20 mg/day (or equivalent) for more than 14 days
* For pediatric patients on prednisone use: greater than 2mg/kg body weight for more than 14 days
- Chimeric antigen receptor (CAR) T- cell therapy
- Anti-B cell therapy (current or within last 6 months) e.g. ocrelizumab, ofatumumab, rituximab

- ☐ remdesivir 200 mg IV once

FOLLOWED BY

- ☐ remdesivir 100 mg IV daily for 4 days

Analgesics and Antipyretics

Avoid non-steroidal anti-inflammatories (NSAIDs) until further evidence regarding safety is available. Consider non-opioid analgesia or appropriate opioid-sparing multimodal analgesia. If needed, short acting opioids are recommended. Long acting opioids should be avoided. Consider dose reduction if patient is elderly.

- ☐ acetaminophen 975 mg PO every 6 hours x 48 hours, and then every 6 hours as needed for mild pain.

Acetaminophen for hepatic insufficiency:

- ☐ acetaminophen 650 mg PO every 6 hours x 48 hours, and then every 6 hours as needed for mild pain

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Medications continued

Analgesics and Antipyretics continued

Opioids Oral

☐ HYDROMORPHONE short acting tablet 1-2 mg PO every 4 hours as needed for moderate pain

Opioids IV

For pain not controlled by oral opioids, or oral analgesia is contraindicated. Consider dose reduction if patient is elderly or opiate-naïve. Choose same oral and parenteral opioid agent.

☐ morphine 2.5 – 5 mg IV subcutaneously every 4 hours as needed for moderate pain

☐ HYDROMORPHONE 0.5 mg – 2 mg IV subcutaneously every 4 hours as needed for severe pain

Continuous Infusion for sedation

☐ morphine _____ mg/hr IV

☐ midazolam _____ mg/hr IV

☐ _____

Antiemetics

Consider dose reduction if patient is elderly or has reduced renal function.

Starting dose of 4 mg is recommended for ondansetron

☐ ondansetron 4 mg PO/IV every 8 hours as needed for nausea and vomiting.

Give intravenous if oral dose not tolerated. If nausea and vomiting persist after first prn dose, notify prescriber

☐ metoclopramide 10 mg PO/IV every 6 hours as needed for nausea & vomiting.

Give intravenous if oral dose not tolerated

☐ _____

Gastrointestinal Agents

☐ polyethylene glycol 3350 17 g PO daily

☐ bisacODYl Tablet 5 mg PO daily, as needed for constipation

☐ bisacODYl 10 mg rectal suppository daily as needed for constipation

☐ magnesium hydroxide (80 mg/mL) liquid 10 mL PO daily as needed for constipation

☐ glycerin 1 suppository rectally daily as needed for constipation, if no bowel movement in past 48 hours

☐ _____

Antilulcer Agents and Acid Suppressants

☐ pantoprazole 40mg IV daily

☐ famotidine 20mg IV every 12 hours

☐ Stop GI prophylaxis once patient is eating or tolerating tube feeds

☐ _____

Neuromuscular Blockade

Ensure sedation is optimized before using paralytic

☐ rocuronium _____ mg IV every hour for train of four less than _____

☐ _____

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Medications continued

Glucocorticoids

Glucocorticoids are strongly recommended in patients who have hypoxemia requiring supplemental oxygen. For use outside of this, expert consultation advised.

☐ dexAMETHasone 6 mg IV/PO daily for 10 days

☐ _____

Immunomodulatory

baricitinib OR sarilumab OR tocilizumab

Consider if admission is less than 7 days AND significant progressive respiratory failure requiring ventilation (invasive or non-invasive) or supplemental oxygen.

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

Manual: COVID-19 Immunomodulator Orders: <https://ahsweb.ca/HEE/GUIDANCETOCILIZUMABCOVID19>

AHS formulary- Baricitinib: https://ahsweb.ca/HEE/ahs_formulary_baricitinib

AHS formulary- Sarilumab: https://ahsweb.ca/HEE/AHS_Formulary_Sarilumab

AHS formulary- tocilizumab: https://ahsweb.ca/HEE/ahs_formulary_tocilizumab

Choose One:

☐ baricitinib tablet 4 mg, oral, daily for 14 days

☐ baricitinib tablet 2 mg, oral, daily for 14 days for GFR 30-60

☐ baricitinib tablet 2 mg, oral, every 2 days for 14 days for GFR 15 to less than 30

☐ sarilumab 400 mg IV once

☐ tocilizumab (IV (8 mg/Kg/dose) _____mg Once for weight less than 40 kg

☐ tocilizumab 400 mg IV Once for weight 40 kg or greater

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Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
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	

Medications continued

Vasoactives

- ☐ DOBUTamine infusion 0 - 10 mcg/kg/min IV
- ☐ milrinone infusion _____ mcg/kg/min IV
- ☐ isoproterenol infusion 0.01 - 0.2 mcg/kg/min IV
- ☐ DOPamine infusion 1 - 20 mcg/kg/min IV
- ☐ norepinephrine infusion 0 - 0.3 mcg/kg/min IV
- ☐ EPINEPHrine infusion _____ mcg/kg/min IV
- ☐ vasopressin infusion 0.01 - 0.04 units/min IV
- ☐ PHENYLEphrine infusion 0.1 - 5 mcg/kg/min IV
- ☐ nitroglycerin infusion 0 - 200 mcg/min IV
- ☐ labetalol infusion 0.5 - 2 mg/min IV
- ☐ _____

VAP Prophylaxis

- ☐ chlorhexidine gluconate mouthwash 0.12% 15 mL swish and spit 2 times per day
(Rinse in Mouth for 30 seconds, then expectorate)

Prescriber Name	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
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COVID-19 Admission ICU - Adult Order Set

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

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
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	

Consults/Referrals

- ☐ Inpatient Consult to Infectious Diseases
- ☐ Inpatient Consult to Geriatric Medicine
- ☐ Inpatient Consult to Palliative Medicine
- ☐ Inpatient Consult to Obstetrics
- ☐ Inpatient Consult to Pharmacy
- ☐ Inpatient Consult to Social Worker
- ☐ Inpatient Consult to Adult Acute Pain Services
- ☐ Inpatient Consult to Physical Therapy
- ☐ Inpatient Consult to Occupational Therapy
- ☐ Inpatient Consult to Speech Language Pathology
- ☐ Inpatient Consult to Spiritual Care
- ☐ _____
- ☐ _____

Tools/References

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

Bacterial co-infection in patients with early COVID-19 is uncommon.

Do not routinely add antibacterials unless bacterial infection is strongly suspected.

The role of antiviral therapy such as lopinavir/ ritonavir is an important unanswered question; there are multiple trials currently investigating this question.

Glucocorticoids are strongly recommended in patients who have hypoxemia requiring supplemental oxygen. For use outside of this, expert consultation advised.

Care of the Adult Critically Ill COVID-19 Patient Annex D

http://ahsweb.ca/HEE/Care_of_the_Adult_Critically_Ill_COVID-19_Patient_Annex_D

Sequential Organ Failure Assessment (SOFA)

http://ahsweb.ca/HEE/Sequential_Organ_Failure_Assessment

Clinical Frailty Scale

http://ahsweb.ca/HEE/Clinical_Frailty_Scale_COVID-19

Acute Care Guidelines for Patient Admission/Discharge/Transfer in Unit/Facility on COVID-19 Outbreak or on Watch

https://ahsweb.ca/HEE/Covid_19_acute_care_admission_discharge_transfer_outbreak_watch

Evidence for screening and preventing venous thromboembolic events in patients with COVID-19

https://ahsweb.ca/HEE/Evidence_screening_preventing_venous_thromboembolic_events_patients_COVID_19

Prescriber Name	Prescriber Signature	Date <i>(dd-Mon-yyyy)</i>	Time <i>(hh:mm)</i>
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