

ACUTE RESPIRATORY INFECTION COVID-19 ORDER SET

Transfer Patient to Isolation Ward or Isolation Room

- Droplet & Contact precautions
- Avoid CPAP, nebulizers, high flow oxygen, fans

Vitals/Monitoring

- T, HR, RR, BP, SpO₂ q shift and PRN q meals

Respiratory

- Titrate O₂ to keep SpO₂ greater than 92% and less than 96% [max 5L per NP]

Fluid Resuscitation:

A restrictive fluid management strategy is recommended. If hypotension / signs of dehydration consider

- Hypodermoclysis normal saline [NS] 1-2L subcutaneously over 24hours

Cough and/or Mild Dyspnea Symptom Management

Use with extreme caution as may exacerbate respiratory depression & consider notification of MRP

- HYDROmorphine 0.5 – 1mg PO q3h PRN OR HYDROmorphine 0.25- 0.5 mg Subcutaneously [SC] q1h PRN.

Severe Dyspnea and/or Anxiety Symptom Management

- LORazepam 0.5 mg SL q2h PRN OR LORazepam 0.25 mg SC q2h PRN OR
- Midazolam 1-5 mg SC q 1h PRN

Fever/Pain and Nausea Management

- Acetaminophen 325 – 975 mg PO/PR q4h PRN if pain or Temp greater than or equal to 37.8; max 4g in 24hours

Antibiotic Therapy

Empiric Antibiotics to be considered on a case by case by case basis

- Azithromycin 500mg po x 1 then 250mg po x 4days AND Amoxicillin-Clavulanate 875mg po bid x 5d
- OR
- Levofloxacin 750mg po od x 5days

Medication Management

- Dexamethasone 6mg po daily x 10days, if hypoxic [SaO₂<92%] or requiring increase in supplemental oxygen from baseline
- If Dexamethasone not available give Prednisone 40mg po daily x 10d for hypoxia from baseline or <92%
- Contact MRP to determine which medications to hold if resident acutely unwell, decreased oral intake, and/or signs of dehydration:
Ex}. Sulfonylureas, ACE inhibitors, Diuretics, Metformin, ARBs, NSAIDS, SGLT2 inhibitors

Diabetic Control

- Capillary blood sugars in diabetics on oral hypoglycemic agents OD & prn [COVID increases risk for hyperglycemia]

If telephone order - taken by: _____ (Reg. Staff Signature) Date: _____

Orders processed by: _____ (Reg. Staff Signature) Date: _____

Orders co-signed by: _____ (Reg. Staff Signature) Date: _____

Medication Reconciliation completed: _____ (Reg. Staff Signature) Date: _____

Physician's Signature: _____ Date: _____

NOTE: These are medical orders and must be processed as such. Please initial each item when it is processed.