ORDER SET
Known or Suspected COVID−19 Patient – Secondary Assessment Centre (SAC) (Version 2. 2020Mar26)

Patient: ____________________________ Allergies: ____________________________

Items preceded by a bullet (•) are active orders. Items preceded by a checkbox (☑) are only to be carried out if checked.

1. **General Measures**
   - Droplet and contact precautions
   - Avoid aerosol generating medical procedures (AGMP)
   - If AGMP necessary, add airborne precautions
   - Contact Infection Prevention and Control through switchboard

2. **Vital Signs / Monitoring**
   - Full vitals (BP / HR / RR / SpO₂ / Temp)

3. **Oxygen Saturation**
   - **Target SpO₂:**
     - ☐ Equal to or greater than 90 %
     - ☐ 92−95 % (pregnant)
     - ☐ 88−92 % (pre−existing chronic lung disease)
     - ☐ Other: ____________________________

4. **IV Therapy**
   - ☐ Large bore peripheral IV (#16 or #18 gauge)
   - If systolic BP less than 95 mmHg, administer:
     - ☐ Sodium chloride 0.9 % IV 10 mL/kg over 15 min
     - ☐ IV ____________________________ bolus of ____________ mL over ____________ min

5. **Laboratory Investigations:**
   - ☐ CBC (profile, auto diff)
   - ☐ Electrolytes (Na, K)
   - ☐ Creatinine, urea

6. **Diagnostic Investigations**
   - ☐ Confirmatory COVID−19 nasopharyngeal swab, if not done

7. **Diagnostic Imaging** (Complete requisition)
   - ☐ ECG
   - ☐ Chest x−ray

8. **Medications**
   - ☐ Do not give NSAIDs (e.g. ibuprofen, naproxen)

   **Fever / Pain:**
   - ☐ Acetaminophen 975 mg po x 1 dose

   **Pneumonia Treatment**
   - If pneumonia on chest x−ray, severe illness at onset or deterioration after period of initial improvement:
     - ☐ Ceftriaxone 1 g IV x 1 dose. If admitted, continue ceftriaxone 1 g IV q24h (separate order required).

   **If discharged home, fax a prescription to community pharmacy to start the next day for:**
     - ☐ Amoxicillin* 1 g po TID x 6 days
     - ☐ Cefuroxime* 500 mg po bid x 6 days
   - If history of severe, delayed skin reaction / organ dysfunction (e.g. Stevens–Johnson syndrome, toxic epidermal necrolysis, DRESS, etc.) to any beta−lactam antimicrobial:
     - ☐ Levofoxacin* 750 mg po daily x 6 days

* renal dosing required

Prescriber’s Signature: ____________________________ Date (YYYY/MON/DD): ____________ Time: ____________
Prescriber’s Name: ____________________________ Reg. No.: ____________________________

NSOSCOVIDS
ORDER SET  
Known or Suspected COVID−19 Patient − 
Secondary Assessment Centre (SAC)  
(Version 2. 2020Mar26)

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Medications continued...

### Respiratory

<table>
<thead>
<tr>
<th>Indication</th>
<th>Salbutamol 100 mcg MDI with Aerochamber</th>
<th>Ipratropium 20 mcg MDI with Aerochamber</th>
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<tbody>
<tr>
<td>Rapid reversal of airflow limitation (e.g. acute asthma / severe COPD exacerbation)</td>
<td>4 to 10 inh q20min x 3 doses, then 4 to 10 inh q3−4h (up to 10 inh q1h)</td>
<td>4 to 8 inh q20min prn for up to 3h</td>
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<tr>
<td>Dyspnea and / or reversal of bronchoconstriction (e.g. patient with pneumonia)</td>
<td>2 to 4 inh q4h prn</td>
<td>2 to 4 inh q4h prn</td>
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<td>For as needed symptoms (e.g. as a supplement to LABA and / or LAMA)</td>
<td>2 to 4 inh q4h prn (up to q1h prn)</td>
<td>2 to 4 inh q4h prn (up to q1h prn)</td>
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<tr>
<td>COPD exacerbation</td>
<td>2 inh q1h x 3 doses, then 2 to 4 inh q2−4h prn</td>
<td>2 inh q1h x 3 doses, then 2 to 4 inh q2−4h</td>
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<tr>
<td>COPD maintenance (e.g. in place of LAMA and / or LABA)</td>
<td>2 inh q6h prn</td>
<td>2 inh q6h</td>
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10. Additional Orders

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