

ORDER SET
Known or Suspected COVID-19
Patient Admission Orders – ADULT (Version 7. 2020Apr3)

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
- If patient must leave their isolation room (e.g. radiology), they must wear a surgical mask, if capable.
- ☐ Educate patient on need to remove facial hair to ensure facemask seal in the event of respiratory decompensation.

2. **Goals of Care**

- Frailty screen (see pg 3) for age greater than 65 years to inform discussion related to prognosis and goals of care.
Clinical Frailty Score: ☐ 1–3 (fit / well) ☐ 4–5 (vulnerable / mild) ☐ 6 (moderate) ☐ 7–9 (severe / terminal)
- ☐ Comfort care only
- ☐ Ward based care only – no ICU level care, intubation or CPR
- ☐ ICU level care only – no intubation or CPR
- ☐ ICU level care with intubation – no CPR in case of cardiac arrest
- ☐ FULL CODE including ICU level care, intubation and CPR

3. **SDM / POA** (Name and contact information): _____

4. **Diet:** _____

5. **Activity:** ☐ As tolerated ☐ Other: _____

6. **Vital Sign Monitoring:** • Full vitals (BP/HR/RR/Temp) ☐ q2h ☐ q4h ☐ qid ☐ once per shift ☐ Other: _____

7. **Oxygen Saturation**

- Target SpO₂:** ☐ Equal to or greater than 90 % ☐ 92–95 % (pregnant women)
 ☐ 88–92 % (pre-existing chronic lung disease) ☐ Other: _____

SpO₂ Monitoring: ☐ Continuous ☐ q1h ☐ q2h ☐ q4h ☐ qid

8. **IV Fluids:** ☐ IV _____ at _____ mL/h ☐ Reassess in _____ h
 ☐ Saline lock IV

9. **Laboratory Investigations:**

- CBC (profile, auto diff) INR, PTT
- Creatinine, urea, electrolytes (Na, K), chloride, calcium, magnesium, phosphate, total CO₂, random glucose, ALT, AST, albumin, CK, troponin, CRP
- Ferritin (do not cancel note), D-Dimer
- HIV, Hepatitis C (diagnosis)
- ABG
- ☐ Beta-HCG (women of childbearing potential)

10. **Diagnostic Investigations**

- ☐ Confirmatory COVID-19 nasopharyngeal swab, if not done
- ☐ Blood cultures (2 sets, aerobic and anaerobic) ☐ Sputum culture

11. **Diagnostic Imaging**

- ☐ ECG ☐ Chest x-ray, PA and lateral ☐ Chest x-ray, portable

12. **Consultations**

- Infectious Diseases ☐ Respiriology **OR** ☐ Internal Medicine
- ☐ Critical Care – if AIRVO® or non-invasive positive pressure ventilation being considered.
- Critical Care – if Airway Management Team called. High probability of transfer to Critical Care.

Prescriber's Signature: _____ Date (YYYY/MON/DD): _____ Time: _____

Prescriber's Name: _____ Print Reg. No.: _____





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13. Medications

- HOLD all NSAIDs (e.g. ibuprofen, naproxen). Exception: continue low dose daily ASA.
- Consider need for withdrawal management.

Fever / Pain

☐ Acetaminophen 650 mg po/ng/pr q6h prn (maximum 4 g / 24 h)

Severe Dyspnea / Pain

- ☐ HYDROMORPHONE 0.5–2 mg po/ng q4h prn (suggest start frail / elderly patient at lowest dose)
- ☐ HYDROMORPHONE 0.25–1 mg subcut q4h prn (suggest start frail / elderly patient at lowest dose)

Influenza A / B Treatment

- Oseltamivir 75 mg po/ng bid x 5 days (adjust dose if CrCl less than 60 mL/min). Stop if influenza A / B negative.

Respiratory

- ☐ Salbutamol 100 mcg MDI with aerochamber 2 inh q4h and q1h prn
- ☐ Ipratropium 20 mcg MDI with aerochamber 2 inh q4h prn

Constipation

☐ PEG 3350 17g po/ng daily prn

Agitated Delirium

☐ Haloperidol 0.5–1 mg po/ng/IM q6h prn (suggest start frail / elderly patient at lowest dose)

Venous Thromboembolism (VTE) Prophylaxis

- ☐ Dalteparin 5,000 units subcut daily
- ☐ No prophylaxis, reason: _____

14. Public Health contraindication(s) to discharge: ☐ Homeless ☐ Living in shelter or group home
☐ Cohabitation with a high-risk individual without ability to self-isolate in the home.

15. **Additional Orders:** _____

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Clinical Frailty Scale *



1. **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2. **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3. **Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4. **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and / or being tired during the day.



5. **Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6. **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems either stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7. **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8. **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. **Terminally Ill** – Approaching the end of life. This category applies to people with a **life expectancy less than 6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia.

Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question / story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

1. *Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495.

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