ORDER SET
Known or Suspected COVID–19
Patient Admission Orders – ADULT (Version 5. 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. Goals of Care
   • Frailty screen (see pg 3) for age greater than 65 years to inform discussion related to prognosis and goals of care.
     Frailty Screen 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:
   ☐ As tolerated ☐ Other: __________________________

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
    ☐ Respiratory OR ☐ Internal Medicine
    ☐ Critical Care – if AIRVO® or non–invasive positive pressure ventilation being considered

Prescriber’s Signature: __________________________ Date (YYYY/MON/DD): __________________________ Time: __________
Prescriber’s Name: __________________________ Reg. No.: __________________________
ORDER SET
Known or Suspected COVID–19
Patient Admission Orders – ADULT (Version 5. 2020Mar26)

Patient: ___________________________  Allergies: ___________________________

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

13. **Medications**
   - **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**
     - **Pharmacologic Prophylaxis – Moderate to High Risk – Inpatient with 1 or more risk factors**
       - [ ] Dalteparin 5,000 units subcut daily
       - **For weight less than 40 kg, consider:** (per Safer Healthcare Now)
         - [ ] Dalteparin 2,500 units subcut daily
       - **For CrCl less than 15 mL/min or patients with epidural catheter**
         - [ ] Heparin 5,000 units subcut q12h
         - [ ] Non–heparin anticoagulant (specify): ___________________________
     - **Mechanical Prophylaxis** (Choose one)
       - For patient with a high risk of bleeding, choose mechanical prophylaxis alone.
       - History of heparin induced thrombocytopenia (HIT) – choose alternate pharmacologic or mechanical prophylaxis.
       - High risk of VTE – choose mechanical and pharmacologic prophylaxis.
       - [ ] Graduated compression stockings (GCS) – both legs – on continuously except for bathing.
       - [ ] Intermittent pneumatic compression (IPC) – both legs – on continuously except for bathing and when away from bed.
         For use in ICU and Neurosurgery only.

14. **Additional Orders:** ___________________________

Prescriber’s Signature: ___________________________  Date (YYYY/MON/DD): ___________________________  Time: ______
Prescriber’s Name: ___________________________  Reg. No.: ___________________________  Print

NSOSCOVID
ORDER SET
Known or Suspected COVID−19
Patient Admission Orders – ADULT (Version 5. 2020Mar26)

Patient: ___________________________________  Allergies: ____________________________

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

Cognition and Frailty Screening Tool

Step 1: Determine if your patient is at their cognitive baseline.

Is my patient confused?

Yes

Acute change

Work-up for delirium

At baseline (usual self, from collateral)

Cognitive testing needed

Unable to determine

No

No new issue identified

No

Step 2: Determine your patient’s baseline frailty level – use baseline health information
(e.g. How was the patient two weeks prior to the incident that brought them to hospital?)

Baseline Frailty Level Assessment

• Check any descriptors that apply, the most severe level is the frailty level.

<table>
<thead>
<tr>
<th>Frailty Level</th>
<th>Descriptors</th>
</tr>
</thead>
</table>
| ☐ Well          | ☐ Minor subjective complaints  
|                 | ☐ Cognitively intact                                                        |
| ☐ Vulnerable    | ☐ "Slowed down" or often tired during the day  
|                 | ☐ Symptoms limit activities, but do not require assistance  
|                 | ☐ Mild cognitive impairment or prior episode of delirium                  |
| ☐ Mildly frail  | ☐ Walks slowly, regularly uses / needs a gait aid  
|                 | ☐ Needs help with some instrumental activities of daily living (iADL)  
|                 | ☐ Mild dementia (can’t recall current events, current health issue)         |
| ☐ Moderately frail| ☐ Needs help climbing stairs, getting into bathtub  
|                 | ☐ Dependent for iADL                                                        |
|                 | ☐ Needs reminders to change clothes or bathe regularly  
|                 | ☐ Moderate dementia (can’t name Prime Minister / grandchildren)            |
| ☐ Severely frail| ☐ Needs hands−on assistance for walking  
|                 | ☐ Needs daily hands−on assistance for grooming, bathing or dressing (iADL)|
|                 | ☐ Severe dementia (can’t name 1st degree relatives such as children / siblings / spouse) |

Adapted from Rockwood et al. CMAJ 2005; 173(5):489–95