ORDER SET
Known or Suspected COVID−19
Patient Admission Orders − PEDIATRIC (up to age 16 years)  (Version 5. 2020Mar30)

Patient: ___________________________________________  Allergies: ___________________________________________

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

**Age: __________  Weight: _______ kg  Date of patient’s weight: _______________ (YYYY/MON/DD)**

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.  **Diet:** ☐ As tolerated  ☐ Other: ___________________________

3.  **Laboratory Investigations**
   ☐ CBC (profile, auto diff)  ☐ Albumin
   ☐ Creatinine, urea  ☐ ALT, AST
   ☐ Electrolytes (Na, K)  ☐ CRP
   ☐ Chloride, total CO₂  ☐ Other: ___________________________
   ☐ Confirmatory COVID−19 nasopharyngeal (NP) swab, if not done
   • NP swab for Influenza PCR (Note: If swab sent from COVID−19 Assessment Centre, call QEII Microbiology Lab at 902–473–2266 to add influenza.  **Do not** repeat swab)
   ☐ Blood culture

4.  **Diagnostic Imaging**
   ☐ Chest x−ray, PA and lateral
   ☐ Chest x−ray, portable

5.  **Oxygen Therapy**
   • Low flow supplemental oxygen to target SpO₂ equal to or greater than 90 %. Wean as tolerated when SpO₂ equal to or greater than 95 %.

6.  **Medications**
   **Influenza A / B Treatment**
   ☐ Oseltamivir (age greater than 12 months). Stop if Influenza A / B negative.
     • Less than 15 kg: 30 mg po/ng bid x 5 days
     • 15 to 23 kg: 45 mg po/ng bid x 5 days
     • 23.1 to 40 kg: 60 mg po/ng bid x 5 days
     • Greater than 40 kg: 75 mg po/ng bid x 5 days
   ☐ Oseltamivir (age less than 12 months): (3 mg/kg/dose) _________ mg po/ng bid x 5 days

   **Fever / Analgesia**
   ☐ Acetaminophen (12.5 mg/kg/dose) _________ mg po/ng/pr ☐ q4h  ☐ q4h prn (Max 75 mg/kg/24 h or 4 g/24 h)

   **Respiratory**
   ☐ Salbutamol 100 mcg MDI with aerochamber. Note: Nebulizers are AGMPs and should be avoided.
     • Less than 20 kg: 5 inh q30min − q4h prn
     • 20 kg or greater: 10 inh q30min − q4h prn


Prescriber’s Signature: ___________________________  Date (YYYY/MON/DD): _______________  Time: __________

Prescriber’s Name: ______________________  Reg. No.: _______________________  Print