

ORDER SET
Known or Suspected COVID-19
Patient Admission Orders – ADULT (Version 9. 2020Apr28)

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.
 - Refer to Spectrum app NSHA Guidelines for COVID-19.
 - Encourage patient to self-pronate as often as possible.
 - ☐ 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:**
 - For a patient potentially considered for experimental therapy, order all lab investigations.
 - For a patient receiving comfort care only, lab investigations not indicated.
 - ☐ CBC (profile, auto diff) INR, PTT ☐ HIV, Hepatitis C (diagnosis) ☐ C3, C4
 - ☐ Creatinine, urea, electrolytes (Na, K), chloride, calcium, magnesium, phosphate, total CO₂, random glucose, ALT, AST, albumin, CK, troponin, CRP ☐ ABG ☐ Immunoglobulins
 - ☐ Ferritin (do not cancel), D-Dimer ☐ Beta-HCG (women of childbearing potential) ☐ Lipid profile
 - ☐ Bilirubin ☐ NT-proBNP (CZ only) ☐ Lipase
10. **Diagnostic Investigations:**
 - ☐ Confirmatory COVID-19 nasopharyngeal swab, if not done
 - ☐ Influenza nasopharyngeal swab, if not done ☐ Sputum culture
 - ☐ Blood cultures (2 sets, aerobic and anaerobic)

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

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





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11. Diagnostic Imaging:

- ECG • Portable chest x-ray, if not done in last 24 hours

12. Consultations

- Infectious Diseases
- ☐ Respiriology **OR** ☐ Internal Medicine ☐ Social Work
- ☐ Critical Care – if high flow heated humidified oxygen (AIRVO® / Optiflow®) or non-invasive positive pressure ventilation being considered.
- Critical Care – if Airway Management Team called. High probability of transfer to Critical Care.

13. Medications

- Discontinue all NSAIDs (e.g. ibuprofen, naproxen). Exception: continue low dose daily ASA.
- Consider need for withdrawal management and smoking cessation therapy.

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)

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
- ☐ Dalteparin 7,500 units subcut daily if weight above 100 kg
- ☐ 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 * **Date completed:** _____ (YYYY/MON/DD)



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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