

**GENERAL ADMISSION ORDERS – COVID-19
UNIT (ADULT PATIENTS)**

Vitalité Zone: 1B 4 5 6 Facility (optional): _____

The level of care MUST be documented in the medical record for all patients (see RC-05E)

Diagnostic Tests	Nursing Care
<input checked="" type="checkbox"/> CBC, glucose, creatinine, urea, CO ₂ , electrolytes, liver function tests, CRP, COAG, ferritin, D-dimer <input checked="" type="checkbox"/> CBC, creatinine, electrolytes, liver function tests q2days <input checked="" type="checkbox"/> Bedside chest X-ray (if not done in emergency department) <input checked="" type="checkbox"/> Blood type and screening <input type="checkbox"/> Procalcitonin (PCT) <input type="checkbox"/> ECG <input type="checkbox"/> Serum beta-HCG <input type="checkbox"/> If oral T° greater than or equal to 38.3°C: <ul style="list-style-type: none"> • Blood cultures x 2 • Sputum culture (if possible) • Pneumococcal and <i>Legionella</i> urinary antigens <input type="checkbox"/> Other: _____ <input type="checkbox"/> Consultation: _____	<input checked="" type="checkbox"/> COVID-19 isolation (droplet and contact precautions with SRI-CV poster) <input checked="" type="checkbox"/> O ₂ to maintain SpO ₂ of at least 93% or _____ <ul style="list-style-type: none"> ○ Notify physician if O₂ initiated or if significant change in O₂ requirements <input checked="" type="checkbox"/> If high flow oxygen (Optiflow, Airvo): continuous saturation and display AGMP poster <input checked="" type="checkbox"/> Weigh at admission and then once per week <input checked="" type="checkbox"/> Vital signs q4h (respect sleep) or _____ <input type="checkbox"/> Intake/output (based on local practices) <input type="checkbox"/> Blood glucose monitoring QID (AC and HS) if patient is diabetic <input type="checkbox"/> IV: _____ Rate: _____ <input type="checkbox"/> Intermittent injection cap <input type="checkbox"/> Diet: _____ <input type="checkbox"/> Activity in the room <input type="checkbox"/> Early ambulation and mobilize
Medications	Venous Thromboembolism (VTE) Prophylaxis
<ul style="list-style-type: none"> • If the patient smokes, please complete the form: "Order: Smoking Cessation Therapy" (RC-22) <input checked="" type="checkbox"/> Acetaminophen 650-975 mg PO q4-6h PRN if fever or discomfort (maximum 4000 mg / 24h) <input type="checkbox"/> Dimenhydrinate 25-50 mg PO/IR/IV q4-6h PRN if nausea (25 mg if patient over 65 years of age) <input type="checkbox"/> Antacid (DIOVOL, ALMAGEL) 20 mL PO QID PRN if heartburn (maximum 80 mL / 24h) If oxygen therapy required: <input type="checkbox"/> Dexamethasone 6 mg PO once daily x 10 days (or until discharge, if earlier) OR <input type="checkbox"/> If cannot tolerate PO: Dexamethasone 6 mg IV once daily x 10 days (or until discharge, if earlier) If bacterial pneumonia not yet ruled out: <input type="checkbox"/> Ceftriaxone 2 g IV q24h + azithromycin 500 mg IV q24h x 48h and reassess (according to clinical context and/or PCT) <input checked="" type="checkbox"/> Assess the patient for eligibility in clinical trials Other: _____	VTE prophylaxis is recommended for ALL COVID-19 inpatients, unless contraindicated (see back). Usual dosage: <input type="checkbox"/> Enoxaparin 40 mg S/C q24h <input type="checkbox"/> Dalteparin 5000 units S/C q24h If CrCl less than 30 mL/min: <input type="checkbox"/> Enoxaparin 30 mg S/C q24h (regardless of patient's weight) Note: Dalteparin: No adjustment; see other criteria <input type="checkbox"/> Heparin 5000 units S/C □q12h or □q8h If weight greater than 100 kg: <input type="checkbox"/> Enoxaparin 60 mg S/C q24h (see above if CrCl less than 30 mL/min) <input type="checkbox"/> Dalteparin 7500 units S/C q24h If weight under 40 kg or if age over 80 years: <input type="checkbox"/> Enoxaparin 30 mg S/C q24h <input type="checkbox"/> Dalteparin 2500 units S/C q24h If pharmacological VTE prophylaxis is contraindicated: <input type="checkbox"/> Place thrombotic pump (ONLY if no thromboprophylaxis) Other: _____

PRESCRIBER'S SIGNATURE: _____ Date/time: _____

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Contraindications to thromboprophylaxis may include:

- Active bleeding
- Severe uncontrolled hypertension
- Coagulopathy
- History of heparin-induced thrombocytopenia (HIT)
 - Use another agent for patients with history of HIT (e.g. fondaparinux)
- Thrombocytopenia (i.e. platelets less than $50 \times 10^9/L$)
- Already prescribed therapeutic anticoagulation (e.g. warfarin)
- Epidural catheter
- Acute intracranial bleeding (first 7 days)

Clinical Pearls / Particularities for the COVID-19 Unit

- Whenever possible, minimize the number of times that medication is administered to limit the number of entries into a patient's room
- Preliminary studies suggest the possibility that a deficiency of vitamin D and/or zinc could increase the risk of severe COVID-19. Vitamin D supplementation (1000 to 2000 units PO daily) +/- zinc could be considered in some patients. However, due to the lack of data, it is just as reasonable not to offer supplementation. (Recommendation C-III; expert opinion)
- Stethoscope only to be used by physician (disinfected before and after use)
- Use of dedicated material for each patient (in room only)
- N95 respirator and negative pressure room if medical intervention generating aerosols (e.g. intubation, use of Optiflow/Airvo)
- For patients on Optiflow/Airvo who must leave their negative pressure room for examinations or transfer to another unit, it is suggested to replace with a 100% mask with filter
- Conservative volume replacement
- No nebulized therapy
- Blood transfusion if Hb less than 70, or if symptoms
- Avoid nephrotoxic drugs if possible
- If patient is in palliative care situation, follow the palliative care protocol for COVID patients
- Avoid CPAP, BiPAP