Patient sticker

COVID-19 STANDING ORDERS

CLINICAL ASSESSMENT TOOLS

SEVERITY	MILD	MODERATE	SEVERE	LIFE THREATENING
SYMPTOMS	Dyspnea with activity	Dyspnea limiting physical activity, dyspnea with speech	Dyspnea at rest, few word sentences	Tripoding, unable to speak
PHYSICAL EXAM	No accessory muscle use	Accessory muscle use	Accessory muscle use, agitation	Agitated, confusion, paradoxical thoracoabdominal movement
HEART RATE	Less than 100bpm	100-120	Greater than 120 bpm	Greter than 120bpm or less than 50 bpm
O2 SAT ON RA	Greater than 95 %	90-95%	Less than 92%	Less than 90%
RESP RATE	12-25 breaths per minute	20-40	Greater than 30	Less than 10, greater than 40
BLOOD PRESSURE	Normal	Normal	High or low	Systolic BP less than HR OR MAP less than 65

RISK FACTORS	**YES**	**NO**
Age >55 yo		
Pre-existing lung disease		
Chronic kidney disease		
Diabetes		
Hx hypertension		
Hx cardiovascular disease, previous MI or CABG		
Use of biologics – ie. For rheumatoid arthritis, ulcerative colitis		
Hx of transplant or other immunosuppression, recent cancer treatment		
HIV		
TOTAL SCORE		

PRESENTING SYMPTOMS	YES	NO	DETAILS
Cough			
Fever			
Sputum			
Shortness of breath			
Muscle Pains			
Haemoptysis			
Chest pain			
Headache			
Diarrhea			

ALL PATIENTS
□ NP COVID-19 swab □ Known COVID-19 positive □ Surgical mask □ Weight _____ kg □ Vitals per CTAS score CTAS _____ Vitals q _____min _____ hr
ACP □ C □ M □ R

FEBRILE
Adults □ Tylenol 500mg-1000mg PO _____ mg Paediatrics □ Tylenol by weight _____kg = _____ mg Tylenol

IF HYPOXIC, APPLY O2 PREFERRABLY BY OXYMASK, not nasal prongs.
DO NOT HUMIDIFY O2 EXCEPT WITH OPTI-FLOW.

O2 Saturation Targets
□ Equal to or greater than 90% □ 92-95% if pregnant □ 88-92% if pre-existing chronic lung disease
O2 Monitoring
□ Continuous □ q _____ h □ per CTAS score

MILD

□ Oxymask, titrate to target O2 sat
□ Surgical mask over oxymask

If history asthma, COPD or wheeze on exam, trial MDI
□ Salbutamol MDI with aerochamber 8 puffs
□ Atrovent MDI with aerochamber 4 puffs

MODERATE

□ Oxymask, titrate to target O2 sat
□ Surgical mask over Oxymask

If history asthma, COPD or wheeze on exam, trial MDI
□ Salbutamol MDI with aerochamber 8 puffs
□ Atrovent MDI with aerochamber 4 puffs

If effective,
□ Salbutamol MDI with aerochamber 4-8 puffs q2h prn
□ Atrovent MDI with aerochamber 4 puffs q6h

If some improvement from MDI and poor lung function, assess benefit from nebulizers. □ If nebulizers ordered, move to negative pressure room

PERSISTENT HYPOXIA □ Consider ICU consult

When requiring more than 6L by Oxymask to keep O2 sats at target,
□ Switch to non-rebreather at 10L
□ Surgical mask over non-rebreather
□ Prone patient
And prepare to move to negative pressure room.
□ **Notify MD if patient is requiring more than 6L by Oxymask.**
□ **Cardiac Monitor**

SEVERE

□ Move immediately to negative pressure room
□ Non-rebreathe 10-15L
□ Opti-flow if available
□ Surgical mask over non-rebreathe or Opti-flow
□ Notify MD immediately

If advised, plan for intubation
□ Cardiac monitor
□ Insert 2 IVs, large bore preferred
□ **Follow COVID PATIENT INTUBATION PLAN** □ Consult ICU

If ACP-M or not intubation candidate, stabilize and move to other room with palliative orders.
□ Palliative orders completed

LABS/IMAGING

Labs			
CBC		INR	
BUN/Cr		CRP	
Blood glucose		LFTs	
VBG		D-Dimer	
Blood cultures		Trop	
Extended lytes			

IMAGING

□ CXR – to x-ray department if patient can walk independently, otherwise portable
□ EKG

ANTIBIOTICS: BE MINDFUL OF RISK OF PROLONGED QT

□ Ceftriaxone 1g IV q24h if < 100kg
□ Ceftriaxone 2g IV q24h if >100kg
AND
□ Azithromycin 500mg PO or IV Day 1, then 250mg PO or IV OD x 4 days

If comorbidities (YES to any risk factors in table above) and no penicillin allergy,
□ Pip-tazo 4.5g IV x 1 then
□ Pip-tazo 3.375g IV q6h or _____g IV q____h if renal impairment
AND
□ Azithromycin 500mg IV or PO q24h

If penicillin allergy, consider
□ Moxifloxacin 400mg IV q24h
OR
□ Azithro 500mg IV or PO q24h
OR
□ Azithromycin 500mg PO on day 1, then 250mg po OD x 4 days
OR
□ Doxycycline 100mg PO BID
AND
□ Vancomycin 1g IV q12h with appropriate Vanco level testing, then
Vancomycin _____g IV q ____h based on renal function

HYPOTENSION

□ MAP <65, Ringer's lactate 250mL bolus IV and reassess.
□ MAP remains <65 after 500mL total fluids, then prepare for pressors.

PRESSORS

□ Norepi - titrate as needed per monograph
□ Vasopressin – titrate as needed per monograph
□ Dobutamine – titrate as needed per monograph